

THALASSA: A THEORY OF GENITALITY

BY SÁNDOR FERENCZI †

PHYLOGENESIS

CHAPTER 6

THE PHYLOGENETIC PARALLEL

In order to avoid making the confession later on and to excuse beforehand our daring incursion into an alien scientific field, we should like to emphasize once and for all that the idea of seeking a kind of historical parallel to the individual experience of the catastrophe of birth and its repetition in the act of coitus was not imposed upon us by any of the facts of natural science, but only by psychoanalytic experience, in particular by observations in the sphere of symbolism. For if through observations a hundred times repeated one becomes confirmed in the preconception that in symbolic or indirect forms of expression on the part of the psyche or the body, there are preserved whole portions of buried and otherwise inaccessible history—much in the manner of hieroglyphic inscriptions from out of the prehistoric past—and if, an equal number of times, the deciphering of these symbols and characters in the history of the individual proves valid, it is perhaps understandable, and at the same time its own excuse, that one should also venture to make use of this method of cipher-reading to decode the vast secrets of the developmental history of the species. As our teacher Freud has often repeated in connection with similar attempts, it is certainly no disgrace if one goes astray in making such flights into the unknown. At the worst, one will have set up a warning signpost on the road one has traversed which will save others from similarly going wrong.

The point of departure for all the speculations which follow was, it may be stated at once, the extraordinary frequency with which, in the most varied creations of the mind, both normal

and pathological, in the products of the individual and the collective psyche, both the sexual act and the intrauterine situation are expressed by the symbol of the *fish*, that is, the depiction of a fish moving or swimming in the water. Now it happened in connection with a particularly impressive observation of this kind that the fantastic idea leapt to mind as to whether, over and above the purely external similarity between the situation of the penis in the vagina, the foetus in the uterus, and the fish in the water, there might not also be expressed in this symbolism a bit of phylogenetic recognition of our descent from aquatic vertebrates. For the human being, as our university instructors used to impress on us, is in fact really descended from the fishes, and the famous *Amphioxus lanceolatus* has the honor of being the ancestor of all the vertebrates and therefore also of the human species.

At all events, once this idea had emerged, various arguments—fanciful and quixotic enough, to be sure—presented themselves from all sides in its support. For, we reflected, what if *the entire intrauterine existence of the higher mammals were only a replica of the type of existence which characterized that aboriginal piscine period, and birth itself nothing but a recapitulation on the part of the individual of the great catastrophe which at the time of the recession of the ocean forced so many animals, and certainly our own animal ancestors, to adapt themselves to a land existence, above all to renounce gill-breathing and provide themselves with organs for the respiration of air?* And if Professor Haeckel had the courage to lay down the basic biogenetic law of the recapitulation in the stages of embryonal development of the evolutionary history of the species (*palingenesis*), why should one not go further and assume that likewise *in the development of the means of protection of the embryo* (which up to this time has been regarded as the paradigm of *cænogenesis*) *there is contained a bit of the history of the species, the history of the change from the milieu in which its embryogenetically adumbrated ancestors lived?* When we then began to turn the pages of books on animal evolution, we very soon found that a similar idea had already been expressed by the natural philosopher Oken, a contem-

porary of Goethe. This idea, however, was emphatically rejected by his learned successors, especially by Haeckel himself. According to Haeckel, it is only the stages of development of the embryo itself to which value as an historical document can be ascribed, and not the changes in the arrangements for the protection of the germ cells, even though these likewise exhibit a progressive development. But our conception, as opposed to this, is that the arrangements for the protection of the germ cells are not new creations, and so do not belong to *cænogenesis*, but that on the contrary *they too represent a kind of recapitulation*—the recapitulation, namely, of the environmental situations which have been experienced during the development of the species. In other words, our conception postulates that there exists a parallelism to phylogenesis, not alone in ontogenesis, as is admitted, but similarly in the development of the arrangements for the protection of the germ cells—that is to say, in *perigenesis* as well; so that in this light we may speak of an *onto-* and *phylo-* and *perigenetic* parallelism.

It is only in the imaginative and spirited writings of Bölsche, so well known as a popularizer and so underrated even now as an original thinker, that there recurs again and again, albeit expressed only in poetic images, a point of view similar to the one here set forth. Since, however, it is our opinion, as put forward in a recent modest psychoanalytic contribution,¹ that such images are drawn from the depths of unconscious wisdom, we were compelled to assume that Bölsche, in other respects an unswerving follower and apostle of Haeckel, was in this regard not altogether in agreement with his master. Speaking of the male organ of copulation, he says in one place: "There is indeed something of the past in this member. It reminds one of the Melusina legend.² Man is here linked with the fish, from which in days long gone he has descended." He

¹ Ferenczi, S.: *Analyse von Gleichnissen*. Int. Ztschr. f. Psychoanalyse III, 1915. (English translation in *Further Contributions to the Theory and Technique of Psycho-Analysis*, London, 1926.)

² Melusina, a fairy of French folk-tale, was fated to change into a snake from the waist down every Saturday night.—TRANSLATOR'S NOTE.

does not adhere long to this metaphor, to be sure, and in fact designates the question of the origin of this appendage as a problem of merely minor interest and importance—although in this we are certainly not in agreement with him. In another place, where he alludes to the fact that the salamander belongs among the first animals to pass the embryonic period in the uterus, he says, again: “The uterus became the puddle of the salamander; it passed through the gill-breathing stage entirely within the uterus”—which certainly means nothing less than the conceding of *the perigenetic supplement to the law of biogenesis* which we have postulated, or, in other words, of the analogy between the protective adaptations of the embryo and the aquatic mode of existence of the fish.

Individual observations of the symbolism of dreams and neuroses reveal a fundamental symbolic identification of the mother's body with the waters of the sea and the sea itself on the one hand, and on the other with “Mother Earth”, provider of nourishment. Now such symbolism might be expressive of the fact not only that the individual lives on the mother before birth as a water-inhabiting endoparasite and then for a longer time after birth as an air-breathing ectoparasite, but also that sea and earth were actually the precursors of the mother in the development of the species, and at this stage took the place, in that they protected and nourished these animal ancestors, of the maternal protective adaptations which were acquired later. In this sense the sea symbolism of the mother would approach a more archaic, more primitive character, while the earth symbolism would pattern upon that later period in which the fish, set down on land in consequence of the recession of the ocean, was dependent upon the sources of moisture welling up from within the earth as a substitute for the water of the sea which it had lost (and which had simultaneously brought it its nourishment as well), and in a favorable environment of this kind could lead a parasitically vegetative existence, so to speak, until its metamorphosis into an amphibian was achieved. We have here a reminder of how a change in symbolic meaning may, like a change in the meaning of a word in the case of

philology, contain a fragment of history—in this instance a significant fragment of the history of the species, in fact. Behind the symbolism of the plough, for example, which psychoanalysis regards as the precipitate of bygone experiences in the culture history of the race, behind the symbolism of the breaking off of the bough and the stripping off of the fruit (as in the Book of Genesis), there lies everywhere concealed the likening of the ploughed and fruitful earth to the mother. Many primitive cosmogonic myths which represent the earth as rising out of the sea include in them elements which permit such a cosmogony to be interpreted as a symbolic representation of birth; this is illustrated, with many examples, in Rank's *Inzestmotiv* (1912), and Róheim was able to provide me with many instances from the wealth of his ethnological material. And certainly the psychoanalytic day's work supplies gross examples of regression to the mother symbolism of earth or of water. In many nursery tales we have the direct transference to the earth of the love for the mother which has been renounced in the passing of the œdipus complex, acts of coitus carried out through the digging of holes in the earth, or an attempt at, as it were, total regression by creeping bodily into a hollow in the earth. Nor shall I ever forget the instance of the young homosexual with an indissoluble fixation upon his mother, who in adolescence lay on the bottom of a bathtub filled with warm water and in order to be able to maintain this archaic aquatic status or foetal situation breathed through a long tube protruding from the water which he held in his mouth.

The interpretation of being rescued from water or of swimming in water as a representation of birth and as a representation of coitus, an interpretation given in an earlier chapter and one moreover which is current in psychoanalysis, demands therefore a phylogenetic interpretation in addition; falling into the water would again be the more archaic symbol, that of the return to the uterus, while in rescue from water the birth *motif* or that of exile to a land existence seems to be emphasized. One is also tempted to explain the various deluge myths

as a reversal, of a sort familiar to psychoanalysis, of the true state of affairs. The first and foremost danger encountered by organisms which were all originally water-inhabiting was not that of inundation but of desiccation. The raising of Mount Ararat out of the waters of the flood would thus be not only a deliverance, as told in the Bible, but at the same time the original catastrophe which may have only later on been recast from the standpoint of land-dwellers. For the psychoanalyst, at all events, it is of course not difficult to recognize Ararat, the Earth, on a deeper level of its symbolism, as simply the doublet of the Ark of Noah, and both as symbolic representations of the uterus from which all the higher animals have their origin; it should only be added that this mythological material also requires a supplemental interpretation from the phylogenetic standpoint.¹

Now we should like to ask for just such a supplemental interpretation in behalf of the explanations which have been given in preceding chapters, explanations wherein the several phenomena connected with coitus were conceived as symbolic actions in which the individual reëxperiences the pleasure of intrauterine existence, the anxiety of birth, and the subsequent pleasure in surmounting this latter danger successfully. Since the individual identifies himself with the phallus inserted in the vagina and with the spermatazoa swarming into the body of the female, he also repeats symbolically the danger of death which his animal ancestors victoriously overcame in the geological cataclysm of the drying up of the sea.

So far this assumption rests only upon a simple symbolic line of reasoning. If the fish swimming in the water signifies, as in so many fertility charms, the child in the mother's womb, and if in a multiplicity of dreams we are forced to interpret the child as a symbol of the penis, the penis signification of the fish on the one hand, and on the other the fish signification of the penis, become more self-evident—in other words, the penis in coitus enacts not only *the natal and antenatal mode of exist-*

¹ Compare, further, the deliverance of the Israelites who passed dry shod through the Red Sea.

ence of the human species, but likewise the struggles of that primal creature among its ancestors which suffered the great catastrophe of the drying up of the sea.

Embryology and comparative zoölogy provide two strong arguments in favor of this hypothesis, which at first sight certainly seems a venturesome one. The first of these is to the effect that *the protective structures containing the amniotic fluid and sheltering the embryo were evolved in the case of land-dwelling species only*; the second, that among those species in which the embryo develops *without an amnion no sexual union in the strict sense takes place*, but instead, insemination by the male and the development of the fertilized ova both occur outside the body of the female, usually in the surrounding water. And so it is that in the fishes we find only sporadic attempts in the direction of a mechanism for internal fertilization, while it is only with the amphibians that there begins a continuous and uninterrupted development of an organ of copulation, and only in certain reptiles does this acquire the erectility which is characteristic of the Mammalia. The possession of an organ of copulation, the development within the maternal womb, and the circumvention of the great danger of desiccation—these three thus form an indestructible biological unity which must constitute the ultimate basis of the symbolic identity of the womb with the sea and the earth on the one hand, and of the male member with the child and the fish on the other.

As against the obvious Darwinian objection that only those species could survive which were organically adapted to a terrestrial existence, and that the development of structures protective of the embryo is to be ascribed to natural selection, to the survival of a more resistant variation, we may reply that the more psychological concept of Lamarck, which concedes a rôle in phylogenesis to impulses and instincts as well, is nearer to the heart of the psychoanalyst than is that of the great English naturalist who would attribute everything to variation alone and thus in the last analysis to chance. Furthermore, the Darwinian conception provides no explanation of a

phenomenon observable everywhere in Nature, the return in the new product of evolution of earlier forms and modes of functioning; Darwin would probably deny the fact of regression, which psychoanalysis can under no circumstances do without. Let us therefore not be misled by this conception; let us adhere to the assumption that in genitality is to be found the expression, and perhaps even the belated abreaction, of not alone an ontogenetic but also a phylogenetic catastrophe.

CHAPTER 7

EVIDENCE FOR THE "THALASSAL REGRESSIVE TREND"

Without for a moment wishing to underestimate the difficulties in the way, we should like to run over rapidly the arguments which, we believe, favor the idea of a "thalassal regressive trend", the striving towards the aquatic mode of existence abandoned in primeval times—and in particular those arguments which make probable the continued operation in the sphere of genitality of this regressive tendency, or, better stated, this force of attraction.¹

Let us start with the parallel which exists between the method of sexual intercourse and the structural formation of the genitalia, on the one hand, and the aquatic mode of existence followed by a land-dwelling and air-breathing manner of life on the other. "In the lower animals", we read in the *Zoology* of Hesse and Doflein, "in which eggs and sperm are simply discharged into the water, where fertilization then takes place, we recognize no specific behavior on the part of the individual as preceding this discharge." The higher we go along the path of evolution, however—that is, in the terms of our own conception, the more complicated the experiences which the history of the race looks back upon—the more carefully is provision made to assure to the germ cells a favorable environment. At all events, the development of external genitalia takes place quite suddenly with the revolutionary development seen in the Amphibia. The latter are still devoid of copulatory organs in the proper sense, to be sure; these make their first appearance in the Reptilia (the lizard, the turtle, the snake, the crocodile); but a kind of coitus *per cloacam*, a pressing of the male cloaca against, or its intrusion

¹ The word "instinct" or "impulse" or "drive" (*Trieb*) tends to emphasize rather the factor of adaptation, the purposeful element in organ activity; the expression "trend" (*Zug*) more the regressive element. I need not say that I am of the opinion, with Freud, that that which seemingly impels "forwards" obtains its energy, in the last analysis, from the force of attraction of the past.

into, that of the female, is already present in the frog. Corresponding to their double existence in the water and on land, these creatures still possess the alternative between external and internal impregnation, that is, the fertilization of the ova either in the surrounding water or in the uterus. Here too we have for the first time the development of conspicuous external sex characters, in the form, for example, of the callosities of the forward extremities in the male frog which facilitate the claspings of the female. A penetrative structure growing out of the cloaca, a penis-like appendage, although still without a lumen, is encountered for the first time in the lizard, and the first indications of erectility, as already mentioned, in the crocodile.

It is in the male salamander that there begins to develop an intimate relationship between urethral excretion and ejaculation, which first reaches its highest development, however, only with a primitive mammal, namely, the kangaroo, in which the cloaca is finally separated into intestine and urethra, and a common canal for the excretion of semen and urine, as in the human species, traverses the erectile penis.

This course of evolution exhibits a certain analogy with the phases of development of the erotic reality sense in the individual, as we attempted to describe these in an earlier place. For the at first merely groping effort of the male animal to introduce a part of its body as well as its sexual secretion into the uterus reminds us of the attempts of the child, awkward and clumsy as they are in the beginning but pursued with ever increasing energy, to obtain by force, with the help of his erotic instinctual organization, a return to the maternal womb, and to reëxperience, at least in a partial and symbolic sense, and at the same time to nullify, the process of being born. This view corresponds also with Freud's conception, in accordance with which we may perceive in the curious behavior which characterizes procreation in the animal kingdom the biological antecedents both of the various ways in which infantile sexuality manifests itself and of the behavior of perverts.

At this point, however, we shall once again have to allow

our fantasies free rein if we are to arrive at even a merely provisional answer to the hitherto unsolved problem of the motive which could have actuated the amphibians and the reptiles to provide themselves with a penis—for according to our Lamarckian conception, no evolution or development occurs without some motive, nor any variation which is not an adaptation to an external disturbance. This motive may well be the striving to restore the lost mode of life in a moist *milieu* which at the same time provides a supply of nourishment; in other words, to bring about *the reëstablishment of the aquatic mode of life in the form of an existence within the moist and nourishing interior of the mother's body*. In accordance with the "reversed symbolism" already met with several times, the mother would, properly, be the symbol of and partial substitute for the sea, and not the other way about. We believe, indeed, that just as the sex cells of the higher animals perish in the absence of provision for their protection, as for that matter do the offspring brought into the world without maternal protection, so every species of animal, as was actually the case with many, would have been destroyed on the occasion of the retreat of the oceans, had not accidental circumstances of a favorable nature and the regressive striving towards an ecto- and endoparasitic existence provided for their maintenance during the period of adaptation to a land existence. It was then eventually given to the higher vertebrates to effect, in the device of internal impregnation and of growth within the uterus, a happy combination of this parasitic mode of life and the thalassal regressive trend.

A further analogy between the *foetus in utero* and aquatic animals is exhibited in their oxygen and food supply. The embryo provides for its oxygen requirement by having its chorionic villi free floating in the vascular spaces of the maternal placenta and by accomplishing its respiratory exchange by the mechanism of osmosis. *It is not the invariably functionless gill-Anlagen of the embryo itself which we would regard as a reproduction of the respiratory apparatus (gills) of aquatic animals, but, rather, these chorionic villi,*

which, like the latter, derive their oxygen from a liquid medium by the mechanism of osmosis, and not, like land animals, from the air. In the placenta, therefore, the embryo possesses a parasitic organ of sucking, as it were, imitative of the gill-breathing type of respiration, which provides for the oxygen supply of the embryo (and its nourishment) until its own organs fit it for life outside the uterus, much in the manner of land animals. If we wish to take the "perigenetic parallel" seriously, we must postulate animal forerunners as living in a transitional stage between an aquatic and a land existence—animals in which the gill-breathing type of respiration was provided until they developed lungs capable of functioning. Now as a matter of fact, creatures such as these have survived to the present day, as Haeckel tells us in detail. "Midway between the true fishes and the Amphibia", he writes, "there stand the peculiar genera of *Dipneusta* and *Protopteri*, of which very few representatives are extant today, among them the American lung-fish (*Lepidosiren paradoxa*) of the Amazon area and the African mud-eel (*Protopterus annectens*) in various regions of Africa. During the summer dry season these singular creatures bury themselves in the drying mud in a nest of leaves and then breathe air by means of lungs, like amphibians. During the winter rainy season they live in streams and swamps and breathe water through gills, like fish." Haeckel then goes on to say that it is an endless matter of dispute among zoölogists as to whether the lung-fish is in reality a fish or an amphibian. He himself advances the view that it constitutes a special class of vertebrates intermediate between the two, and forming a transition between them.

The further steps in the adaptation to the land existence of the amphibians are well known. In the frog there is an immature stage characterized by gill-breathing, in which, as a tadpole, it swims about in the water in the manner of a fish, whereas the adult is an air-breathing land-dweller.

We need only postulate that *in the higher mammals placental gill-breathing is limited to the embryonal period* in order to have an ascending developmental series extending from the

fish through the amphibians to man—a series in which the striving in the direction of an aquatic mode of life is never completely given up, even though it is reduced in the case of the last-named species to the period of growth within the uterus. We have only to add that this thalassal regressive trend does not cease its activity even after birth, but manifests itself in various expressions of eroticism (especially those of coitus) and, as we will now add and will dwell further upon later, in sleep and related states.

Now we cannot by any means suppose it to be a chance variation that an amniotic sac for the protection of the delicate embryo has come into being in those very species which at no period of their extrauterine existence breathe with gills (reptiles, birds, mammals). In much closer accord with the psychoanalytic conception regarding the determination and motivation of all biological and mental phenomena is the supposition that the amniotic fluid represents a sea “introjected”, as it were, into the womb of the mother—a sea in which, as the embryologist R. Hertwig says, “the delicate and easily injured embryo swims and executes movements like a fish in water”.¹

In train with these ideas I wish now to refer to certain remarkable facts, and leave it to the judgment of the reader whether we should regard them merely as insignificant peculiarities or might count them as arguments in support of our point of view. Referring to the development of the chicken embryo, and in particular the amniotic sac, R. Hertwig makes the following statement: “At the beginning of its development the amniotic sac is small but increases gradually in size, since it keeps pace with the growth of the embryo and encloses a considerable volume of fluid. At the same time its walls become contractile. In the hypoderm certain cells are transformed into contractile fibres which from the fifth day of incubation give rise to rhythmic movements. These move-

¹ We are also reminded of the striking changes in respiration effected in coitus by emotion, which we have related to the dyspnoea in connection with birth, but which we should also like now to connect with the archaic struggle for oxygen.

ments can be made out through the unbroken shell by holding the egg against a source of bright light and using the oöscope devised by Preyer. In this way it can be established that the amnion executes contractions at the rate of about ten per minute, contractions originating at one pole and progressing to the opposite end in the manner in which the body of a worm contracts. By this means the amniotic fluid is set in motion and the embryo rocked to and fro in rhythmic fashion." It is to be noted that these movements increase up to the eighth day of incubation and then decrease, in the same way as the volume of amniotic fluid, in the case of all Amniotes, gradually decreases after an original rapid increase.

It would surprise me if this arrangement of rhythmic rocking had not been poetically compared by some naturalist or other to the surging of the sea—though in the last analysis this is more than merely a figure of speech.¹

Even at the risk of loading down this brief work with hypotheses, we cannot suppress the opinion we have formed as to the phylogenetic parallel to the development of the male sexual character and sexual organs in their mutual relationship. In the section on Ontogenesis we spoke of an original similarly

¹ Merely in passing I will refer to the peculiar fact that the genital secretion of the female among the higher mammals and in man, the erotically stimulating effect of which, as we have said, may be traceable to infantile reminiscences, possesses a distinctly fishy odor (odor of herring brine), according to the description of all physiologists; this odor of the vagina comes from the same substance (trimethylamine) as the decomposition of fish gives rise to.

Furthermore, they may be right after all who maintain that the 28-day cycle of the female menses is to be attributed to the influence of the phases of the moon (thus in more direct fashion to the influence of the tides upon the sea-inhabiting forerunners of the higher species).

I would not overlook the opportunity in this connection to call attention also to the peculiar behavior in coitus of those mammals which after adaptation to life on land have again become aquatic animals (whales, walruses, seals). Of these it is stated that for the sex act they go up on land; in other words, they are impelled by a "geotropic" regressive trend which forces them to reestablish for their offspring the situation which they had most recently won free of. Familiar enough, moreover, is the behavior of certain marine fish which at the time of spawning swim *upstream* over great cataracts, and in the face of every obstacle ascend the mountain streams in which they themselves had their origin.

directed striving on the part of both the male and the female to penetrate into the body of the sexual partner, and thus of a warfare of the sexes which ended in the victory of the male and the creating of adaptations of a consolatory character for the female.

Now it is important to add that this warfare probably had also a prototype in the developmental history of the species. We have learned that even in the amphibians, in which the organs of copulation are still very rudimentary, the male already possesses structures for clasping the female. In ever increasing variety and multiplicity there develop in the higher vertebrates the means of fascinating and overpowering, where-with the female is rendered submissive. If one takes into consideration, in particular, the progressive development of the male penetrative implement in the higher vertebrates (whereas such an organ is present only exceptionally, as we have seen, in their aquatic forerunners), one may suppose that, following upon the danger of desiccation in which for the first time the necessity arose for seeking a substitute for the aquatic existence of which they had been deprived, the impulse manifested itself, also for the first time, to penetrate into the body of another animal, that is, to copulate with it. Originally this warfare may have been waged by all against all; but ultimately it was the stronger male (and the one equipped from the beginning for this rôle, as will later on be clear) that succeeded in penetrating into the cloaca of the partner and eventually boring a tube of its own for coitus—a situation to which the organization of the female in turn accommodated itself.

This marked increase of sexual dimorphism in precisely those animals that were land-dwellers, therefore subsequent to the cataclysm of the drying of the sea, perhaps indicates, however, that the warfare in connection with the earliest attempts at coitus was in reality a struggle for water, for moisture, and that in the sadistic component of the sex act this period of struggle achieves repetition, even though but symbolically and playfully and even though in such distant progeny of these earliest ancestors as the human species.

The threatening and fearsome qualities of the paternal phallus, which originally represented only the child in the maternal womb, might also have their origin in this period of struggle.¹

¹ The compelling of coitus *per cloacam* by the male would thus be the primal cause of the fact that the erotism of the female, originally equally phallic, was replaced by a cloacal "cavity-erotism" (Jekels, Federn), whereby the rôle of the penis passed over to the feces and the child. The impeding of excretion by the obstructing of the cloaca by the penis and its again becoming free of such obstruction upon the termination of coitus—thus a kind of "anal distress", as it were, and its sudden relief—may have led to pleasurable sensations in which the female was able to find a substitutive solace.

CHAPTER 8

COITUS AND FERTILIZATION

If according to our hypothesis coitus is naught else than the freeing of the individual from burdensome tension, simultaneous with the gratification of the impulse towards regression to the maternal womb and to that prototype of everything maternal, the sea, it is not so readily apparent why and in what way this gratificatory impulse, seemingly quite independent as it is of the impulse to fertilization and the preservation of the species, nevertheless coalesces with the latter and achieves expression simultaneous therewith in the genitality of the higher animals. The one point which we have so far been able to adduce in explanation of this state of things was the individual's identification of his total personality with the genital secretion. In this light the elaborate safeguarding with which the individual surrounds the genital secretion would not be any more curious than similar safeguarding measures which so many animals employ in the case of their other excretions also. It is the feeling of the individual that these excretions constitute an essential part of his very self, are part and parcel of him; and their discharge is accompanied by a feeling of loss which seems to be more intense in the case of solid matter (fæces) than upon the elimination of excretions of a thinner consistency.

This explanation, however, strikes one from the outset as quite inadequate and unsatisfying, particularly when one takes into consideration the fact that with the sexual act there are brought into temporal and spatial conjunction both the depositing of the sexual secretion in a place of safety and the process of fertilization, that is, the union of gametes of opposite sex and the inception of embryonic development. It must be conceded that the act of fertilization poses riddles of a character quite different from those with the solution of which we were concerned in connection with the act of coitus. For in truth fertilization is a far more archaic phenomenon

than the temporary union of male and female in the sex act. We have seen, in fact, that the development of genitality and of its executive organ has its earliest inception in the amphibians, but propagation by fertilization, on the other hand, in the lowest unicellular organisms, in the amœba. This suggests the exact reversing of the line of thought pursued up to the present, and the inquiry whether those zoölogists are not right who maintain that the sexual act *in toto* is simply a compulsion induced as it were by the sex cells which forces the individual to bring the germ cells together in the safest possible situation. The manifold precautions which are taken to this end in the animal kingdom even prior to the development of the function of sexual intercourse speak definitely in favor of this assumption, and the question is thereby raised whether this is not likely to upset our whole hypothesis of uterine and thalassal regression.

The sole means of escape from this difficulty lies in the consistent following through of the idea of the perigenetic parallel. If the life conditions of the organism in the course of ontogenesis are really a reproduction of primeval modes of life, as we have assumed to be true of the existence of the embryo in the amniotic fluid of the mother, then *there must be something in phylogenesis, also, which corresponds to the phenomenon of fertilization, and likewise to the development of the germ cells (spermato- and oögenesis)*. This something can only be the unicellular form of existence of primeval times and the disturbance thereof by a primeval catastrophe which compelled these unicellular organisms to coalesce into a unit. This is also the hypothesis which Freud, in allusion to the poetic fantasy in Plato's *Symposium*, put forward in his *Beyond the Pleasure Principle*. A great catastrophe, as he terms it, split matter asunder, rent it into two halves, leaving it with an impulsion to reunion wherein organic life had its earliest inception. It would represent a not very radical modification of this idea if we were to include in it the possibility that in the sequence of fertilization and germ cell development a primeval sequence is repeated—that, therefore, living organisms have developed out

of inorganic matter as at first something isolated and individual, and it was only through a second catastrophe that they were driven to reunite. Among unicellular organisms, furthermore, there are transitional forms which stand midway between conjugating and non-conjugating types, as the amphibians between water- and land-inhabiting forms. Thus we read that in certain of these primitive organisms an epidemic of conjugation, so to speak, breaks out under unfavorable environmental conditions, such as the *danger of desiccation*, and they begin to unite sexually.¹ Now the fanciful Bölsche has already told us that such a union is, properly speaking, nothing but a refined sort of eating each other up on the part of the sexually conjugating organisms. In the last analysis, therefore, the first cellular conjugation takes place in a manner entirely similar to that which we have represented in the case of the first coitus. In the earliest attempts at coitus on the part of fishes, after the recession of the oceans, it was a matter of attempting to regain in an animal body the moist and nourishment-providing habitation of the sea, now lost. A comparable but even more archaic cataclysm may have forced the unicellular organisms, similarly, to eat each other up, in such manner that no one of the participants in the struggle succeeded in annihilating its opponent. Thus a compromise-like union may then have come about, *a kind of symbiosis*, which after a certain duration of this symbiotic relationship again regressed to the *status quo ante*, in that from the fertilized cell the original germ cells became again differentiated. In this way a continual alternation of germ cell union (i.e., fertilization) and germ cell differentiation (i.e., spermatogenesis and oögenesis) would be set in train. The single difference between this possibility and that favored by Freud is that our conception discriminates in a temporal sense between the origin of life from the inorganic and the origin of the process of fertilization, whereas according to Freud these could have originated simultaneously as a consequence of the same primeval catastrophe.

¹ We know that such epidemics of conjugation also occur occasionally under conditions of a superabundance of food.

If, accordingly, the phenomenon of fertilization also is nothing but the repetition of a primal catastrophe of the same kind as that which we have made responsible for the origin of coitus in the animal kingdom, we perhaps need not abandon our theory of genitality after all, and may proceed with the attempt to bring it into harmony with the undeniable facts of "pregenital" biology. For this purpose it is sufficient to assume that in the act of coitus and in the simultaneous act of fertilization there are fused into a single unity not alone *the individual catastrophe of birth and the most recent catastrophe to the species, that of desiccation, but all the earlier catastrophes since life originated* as well; so that we have represented in the sensation of orgasm not only *the repose of the intrauterine state*, the tranquil existence in a more friendly environment, but also *the repose of the era before life originated*, in other words, *the deathlike repose of the inorganic world*. The mode of adjustment to the earlier catastrophe—namely, fertilization—may indeed have served as a prototype, and may have contributed towards the fusion into a single entity of the originally independent impulses to fertilization and to coitus. This prototypic impress made by fertilization upon the mode of reaction of the individual to current traumata does not exclude the assumption, however, that, from the standpoint of the individual, the residuals of tension experienced by him are simply the burdensome products, of unpleasurable character, both of contemporaneous and of ontogenetic and phylogenetic catastrophes, and as such are subject to elimination according to the laws of autotomy.¹

The mysterious element in the fusing in a single act of the functions of coitus and of procreation disappears, therefore, if we conceive the origin of coitus in the Amphibia as a *regres-*

¹ Without going more deeply into the genetic connections which I have here attempted to establish, Freud has cast the same thought in the following words, in *The Ego and the Id* (1923): "The ejection of sexual substances in the sexual act corresponds in a certain degree with the separation of soma and germplasm. This accounts for the likeness between dying and the condition that follows complete sexual satisfaction, and for the fact that death coincides with the act of copulation in some of the lower animals." (English translation, 1927, page 67.)

sion to the same mode of adjustment (union with another organism, that is) as had proved advantageous in the case of an earlier catastrophe. In the light of the tendency to unification which everywhere holds sway in the psychic sphere, although no less clearly in the organic also, or in other words, the tendency to unite similarly directed processes in a single act, it is not surprising that—after some unsuccessful attempts in the lower vertebrates—there should finally be achieved a uniting of the excretion of actual waste products (i.e., urine and fæces) with the elimination of the erotic tension accumulated in the genital and also with that of the age-old material of unpleasure which we think of as stored in the germplasm.

At all events, this latter substance is treated with much greater care than any other excretory product. It is also possible, however, that the greater part of the arrangements for the protection of the embryo do not represent precautions on the part of the maternal organism simply, but are rather, perhaps, at least in part, the product of the vital force inherent in the germ cells themselves—much in the manner of certain animal parasites which can make use of the originally purely defensive reactions in the body of the host (walling off with inflammatory exudate) to create for themselves a protected place of abode, usually a vesicle or pustule filled with fluid. On the other hand, we need not deny the alternative possibility, namely, that while the individual really treats this substance with greater care than he does others, this care need not emanate absolutely exclusively from love. If our conjectures are correct, there are contained in the germplasm in rather concentrated form instinctual energies of the utmost dangerousness, which, so long as they are contained within the organism itself, so long as by virtue of their own organization they remain separated from the rest of the organism, from the soma—in other words remain, as it were, encapsulated—are accordingly unable to direct their dangerous forces against the body itself. The care, therefore, with which they are protected is perhaps rather a care emanating from *anxiety*. And just as it would not be astonishing that one should continue to treat with every precaution, after he had put it somewhere else, a

dangerous explosive which he had been carrying carefully in his pocket, in the same way anxiety lest injury befall the germplasm might contribute towards its careful protection even after its separation from the body. Naturally this does not mean that the explanation of the protection of the embryo on the basis of love, that is to say, of identification, hitherto entertained need be relinquished, and we have emphasized it, in fact, accordingly. Every separation from the body of whatever substance is inevitably painful, and, as we have brought out in the case of the ejaculatory act, the tension of unpleasure involved must attain a high level before the organism is willing to divest itself of the substance in question.

If one bears in mind the manner in which male and female unite sexually and in which the spermatozoa, simultaneously or after a brief and immaterial interval, fertilize the ovum, one gains the impression, in fact, that it is as though *the somata of the sexual partners imitated the behavior of the germ cells down to the smallest detail*. The spermatozoön forces its way into the micropyle of the ovum, exactly as the penis into the vagina; one would be tempted—at least so far as the actual moment of coitus is concerned—to call the body of the male simply a megasperma and that of the female a megaloön.¹ On the other hand, one comes to understand the conception, so adversely criticized, of the “animalculists”, who considered the spermatozoön and the ovum as individual organisms, as animalcules. We too believe that that is what in a certain sense they are: they are *revenants* of the original primeval cells which begot them.

It is therefore as though the soma, which originally had as its task only the protecting of the germplasm, forbore, after it had discharged this first duty and thereby met the demands of the reality principle, to claim a share of enjoyment in the union of the germ cells, and developed organs of copulation.

¹ The rupture of the Graafian follicle might be compared to the act of birth—the prototype, as regards the germplasm, of the process of birth, so to speak. It is a familiar fact, moreover, that there is a demonstrable intimate (hormonal?) relationship of a permanent character between corpus luteum and uterus.

Indeed, in the biological epilogue to this work we shall have to make reference to the fact that every development pursues this course: first an adaptation to an actual and present task, then the maximum reestablishment possible of the compulsorily abandoned original situation or status.

One must perhaps become reconciled to the idea, therefore, that, just as the unresolved and unmastered traumatic experiences in the life of the individual become concentrated in the genital and are thence conducted off, so are the memory traces of all the catastrophes of phylogenetic development accumulated in the germplasm. Thenceforward these act in the same manner as does, according to Freud, the unresolved precipitating trauma in the case of the traumatic neurosis: that is to say, they compel to a perpetual repetition of the painful situation—cautiously and guardedly, to be sure, in a qualitatively and quantitatively extremely attenuated form—and so achieve with each separate repetition the release of a small fraction of the sum total of unpleasurable tension. What we call heredity is perhaps, therefore, only the displacing upon posterity of the bulk of the traumatically unpleasurable experiences in question, while the germplasm, as the physical basis of heredity, represents the sum of the traumatic impressions transmitted from the past and handed on by the individual; such would therefore be the meaning of the “engram” posited by biologists. If we adhere to the view formulated by Freud of the tendency dominating all organisms to arrive at a state of absence of irritability and finally the inertness of the inorganic world (the death instinct, *Todestrieb*), we may add that in the course of the uninterrupted transmission from one generation to the next of the physical medium of the stimuli productive of trauma, the trauma itself is abreacted in each individual life, indeed in the process itself of living, to become gradually entirely exhausted, provided no fresh traumata or outright catastrophes are superimposed—a situation which would be synonymous with the extinction of the generation in question.¹

¹ This train of thought I once (1919) communicated to Professor Steinach in Vienna, known for his transplantation experiments in animals, giving him a brief memorandum in which I set forth the grounds which would justify the

The unpleasurable character of the tension discharged in fertilization would be the ultimate cause, as already stated, of the uniting of the genital with the organs of excretion; we have already referred to the fact that the impulse to castration, of universal occurrence, and expressed with particular emphasis in the psychoses, has its basis, in the last analysis, in the intolerability of this "unpleasure". The occurrence of the descent of the testicles and of the ovaries among the higher mammals might serve as the phylogenetic contribution to this conception. In the lower animals the gonads are situated deep in the retroperitoneal tissues; in the higher, they are buried in these tissues until the end of the foetal period and only later settle into the pelvic cavity, pushing the peritoneum ahead of them. The testes descend even further, exterior to the pelvis but under the skin of the scrotum. There exist animal species (the *Talpides*) in which this descent occurs only during œstrus, and then is reversed; there are said also to be animals in which the gonads descend only on the occasion of coitus itself. In addition to the tendency to spatial proximity to the organs of excretion, that of extruding the gonads *en bloc* might also be expressed in this descent—a tendency satisfied in the end, however, with the excretion of the gonadal secretion, in the same manner as in our analysis of coitus we interpreted erection as the indication of a tendency to the total separating off of the genital, with an eventual compromise limited to the expulsion of the ejaculate.

Since it was our purpose to conjecture what might be the motives underlying the phenomena of fertilization only on the

research worker in undertaking rejuvenation experiments. I argued therein that if, as I believe, the degeneration of the germplasm hastens the death of the soma, the implantation of fresh gonadal material would of necessity stimulate the vital energy of the soma to renewed activity, that is to say, would prolong life. Professor Steinach thereupon told me that he had already translated into practice the idea of rejuvenation by means of transplants of testicular and ovarian tissue, and showed me also photographs of rejuvenated rats. From Steinach's publications appearing shortly thereafter it was clear, however, that he regarded not the germ cells themselves but the intercellular tissue as the material stimulative of renewed life.

analogy of the comparable motives in the case of coitus, the latter motives being accessible to us through psychological investigation, we can hardly speak definitively on the question whether here also, in addition to the "unpleasure" factors which impel to fertilization, "pleasurable" repetitional tendencies do not likewise coöperate—erotic tendencies as distinguished from other impulses, in that they increase and accumulate tension for the pleasure of its release. We have, at any rate, no grounds whatever for disregarding such a possibility. If we once venture to assume that in the physiological process of coitus a purely traumatic compulsion and an erotic urge gain expression in a compromise formation, and if we do not hesitate to ascribe to the germplasm and its cellular constituents a striving, based on motives of "unpleasure", towards the act of fusion, we may confidently suppose that motives of pleasure gain may here also, as in coitus, play a contributory part in this uniting. These motives of pleasure gain, according to the point of view here set forth, not only help to neutralize and render innocuous traumatic shocks to which no adjustment has been made, but also celebrate the occasion of deliverance from great jeopardy.

We have spoken of a mutual influence existing between soma and germplasm, but we have as yet said nothing of our conception of the *influence of the soma upon the germplasm*. Certainly no one will expect us to enter here into the highly controversial question of the inheritance of acquired characters. What psychoanalysis is in a position to contribute to this topic Freud has already set forth in his biological synthesis. Besides the arguments which he has adduced against Weissmann's conception of the intransmissibility to the offspring of the effects of the experiences of the parents, we can at most cite the psychoanalytic experience already presented in Freud's theory of sexuality, according to which nothing takes place in the organism which does not also have its repercussion in the sphere of sexuality. If now sexual excitation of this kind always affected the germplasm also, and if we might consider the germplasm capable of registering such impressions, we

could form a conception of the manner in which an influence of the sort in question—of the soma upon the germplasm, that is—might or does arise. In contradistinction to the theory of the “pangenetic” origin of the germinal substance which Darwin taught, we believe, indeed, that the germ cells do not, as a faithful copy of the soma, merely consist of fragments of the latter, but trace back their pedigree, on the contrary, to a far older era than does the soma itself. They are, to be sure, decisively influenced by the subsequent fate of the soma—and this in an actually pangenetic sense, or, to use our neologism, amphimictically—just as, conversely, the soma seems to receive stimuli to instinctual response not only from the environment and endogenously but also from the strivings of the germplasm. Let it be borne in mind in any case that we have had to form all these complicated notions of the relations between soma and germplasm only in order to render more intelligible the analogy (and homology) between the organs and the processes of fertilization and of coitus. And possibly we have even to a certain extent succeeded in this.

To facilitate a grasp of what has been said we should like in conclusion to summarize in tabular form the “perigenetic parallel” which we have been sponsoring:

	<i>Phylogenesis</i>	<i>Onto- and Perigenesis</i>
I. Catastrophe	Origin of organic life	Maturation of the sex cells
II. Catastrophe	Origin of individual unicellular organisms	“Birth” of mature germ cells from the gonads
III. Catastrophe	Beginning of sexual propagation	Fertilization
	Development of marine life	Development of the embryo in the uterus
IV. Catastrophe	Recession of the ocean; adaptation to terrestrial existence	Birth
	Development of animal species with organs of copulation	Development of the primacy of the genital zone
V. Catastrophe	Ice Ages The Coming of Man	Latency period

Two rubrics in this tabulation require some elucidation. In keeping separate the originating of organic life and of the individual unicellular organism, we really postulate a duplication of the cosmic catastrophe presumed by Freud in the vivification of inorganic matter. The first of the two would have as its result only the originating of organic matter—that is, of matter constructed according to a certain plan of organization; the second, the isolating out from this matter of separate individuals endowed with autonomy and self-governance. As indeed the double meaning of the word “matter”,¹ signifying literally mother-substance, indicates, we should like to regard the second process as the earliest birth of all, the model and prototype of all subsequent birth. In this sense we should therefore have to return to Freud’s assumption, according to which the origin of life (at least of the individual) consisted in a disruption of matter. In the last analysis this was the earliest example of autotomy: external changes may have made the compounding of elements into a sizeable complex insupportable and have brought about their rearrangement into smaller units. Analogous forces may have been at work, indeed, in the case of the originating of the first crystalline entity, the first crystal, from a crystalline matrix, from the “mother-liquor”—the latter, moreover, by a process, once again, of “drying up”.²

The other rubric which requires explanation is the postulation of the ice age as the most recent catastrophe which overtook the human race. In my essay on the stages of development of the reality sense (1910) I attempted to put forward the development of civilization as a reaction to this catastrophe. It is now necessary to add to this the statement that through the intervention of the ice age, furthermore, the *erotic* reality sense, which had already reached the genital stage of development, underwent a consequent restriction, and the genital

¹ The word in the original is *Materie*; English, *matter* (and *material*); Latin, *materia*; cf. *mater*, mother, and the Sanskrit root *ma*, make.—TRANSLATOR’S NOTE.

² The naïve animistic mode of thinking exemplified in this conception will receive its justification in a later place.

drives, unutilized as such, were employed in the reinforcement of "higher" intellectual and moral activity.

We have several times already had occasion to depict genitality itself, in its capacity to relieve the rest of the organism of sexual drives, as an important advance in the division of labor and as a factor in the development of the reality sense. It should now be added that to this phenomenon, too, there exist phylogenetic parallels. In the vertebrates characterized by an amnion, in which, as we have learned, there develop for the first time organs of copulation, there also originates the convoluting of the hitherto smooth-surfaced brain; it is furthermore asserted that it is in the placental animals that the corpus callosum first makes its appearance, and therewith the associative connection of the two cerebral hemispheres—certainly a significant advance in intellectual efficiency. Human cultural advance in the latency period would therefore be only an expression—considerably modified, to be sure—of the age-old intimate connection between the genital impulse and intellectuality.

If, however, this is true of cerebral development, we would impart a further thought which throws a certain light on the relation between genitality and intellectuality, while at the same time pointing also to an *organic prototype* of the mode of functioning of the organ of thought. We have spoken of how significant a rôle the sense of smell plays in sexuality. We know, on the other hand, that in the development of the brain the importance of the rhinencephalon (and therewith the rôle, also, of smell in sexuality) recedes more and more into the background, while the anatomic and functional growth and increase of the cerebral hemispheres come more and more to the fore. For an organism with upright posture the eye eventually replaces the nose, even in the erotic sense; anthropoid apes and man are in very truth "eye animals", in the phrase of the naturalist, Thomas Zell. And so we believe that the functioning of the organ of smell exhibits an analogy with thought which is so intensive and complete that *smell may properly be considered the biological prototype of thought*. By means of

smell the animal tests and tastes infinitesimal particles of food material in sniffing the volatile emanations therefrom before deciding to consume it as food; similarly the dog sniffs the genital of the female before entrusting the penis to her. What, however, is the function of the organ of thought, according to Freud? A testing out process, with a minimal expenditure of energy. And attention? A purposive periodic searching of the environment with the help of the sense organs whereby very small sources of stimulation become accessible to awareness. Organ of thought and sense of smell: both alike serve the reality function, this including, moreover, both the egoistic and the erotic reality function.

We have digressed somewhat from our theme, the relation of coitus to fertilization, but it is not easy to withstand the seduction of also contemplating now and again the perspectives which open up before us as we occupy ourselves with the fundamental biological problem of the preservation of the species. Nor do we claim to have presented a theory of coitus which is unexceptionable, but we do believe, nevertheless, that it is one which holds good in default of a better. Did not Goethe, indeed, say that a bad theory was better than none at all? And we can also call to witness Ernst Haeckel, in whose *Natürliche Schöpfungsgeschichte* there occurs the following sentence: "In explaining phenomena, we must assume to be true, and accordingly retain, every theory in harmony with the actual facts, insufficiently founded though it may be, until it is replaced by a better one."

Translated by HENRY ALDEN BUNKER, JR.

A NOTE ON THE PSYCHOLOGY OF THE INVENTOR

BY SÁNDOR LORAND (NEW YORK)

In order to comprehend the forces which may lead to an inventive or artistic form of expression, the manner in which the pleasure principle has been utilized in creating an artistic expression should be investigated. Freud has said: "Art brings about a reconciliation of the two principles in a peculiar way. The artist is originally a man who turns from reality because he cannot come to terms with the demand for renunciation of instinctual satisfaction as it is first made, and who then in fantasy life allows full play to his erotic and ambitious wishes. But he finds a way of return from this world of fantasy back to reality; with his special gifts he moulds his fantasies into a new kind of reality, and men concede them a justification as valuable reflections of actual life. Thus by a certain path he actually becomes a hero, king, creator, favorite he desired to be, without pursuing the circuitous path of creating real alterations in the outer world. . . ."

Psychoanalysis has taught us that the symptoms of a neurosis serve the purpose of relieving repressed sexual desires which have nevertheless remained active in the unconscious. In the case here presented, we may see how activity, accomplishment and invention existed jointly with neurotic symptoms and tended at times to replace them. The case also illustrates the wellknown fact that in every neurosis the early childhood sexual impulses, in all their original uncompromising power, strive for the primary aim, namely, union with the original love-object. Inhibited, these strivings express themselves symbolically. Inventive ability may be considered one of these symbolic expressions.

Our patient was talented in many respects. He wrote short

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stories and poems which appeared in a daily paper, and also scientific articles. He played the violin and piano rather well, and, above all, he had invented numerous appliances. He sought treatment originally for his sexual difficulties and diffuse anxieties. During analysis it became evident that there was a close parallelism between the neurosis and the childhood experiences from which it had been derived, and his versatile abilities and their respective childhood roots. His infantile past with its traumatic experiences created both his present neurotic difficulties and, superimposed upon these, his creative tendencies.

At the time the patient entered analysis he was in his thirties. His father and mother had been dead for a number of years. He had one brother two years his senior. He had been brought to the United States to perfect a radio invention—his most recent patent. His first patent, for an electrical invention, had been obtained when he was fifteen. His symptoms had developed several years previous, but they became very annoying during his stay in New York. He was dissatisfied with his sexual life and was unable to concentrate on his work. He was afraid that he would not live up to the expectations of his partner, who had financed his undertaking. He had other anxieties, also, such as fear of illness, the constant fear of criticism, and, above all, the fear of not carrying out his sexual relationships properly. It was always very difficult for him to acquire a female companion, and only during the preceding few years had he succeeded in making various friends with whom he had sexual relationships more or less successful. Whenever it seemed to him that he was losing his girl friend nothing could deter him from making every effort to retain her. For example, he once forfeited an excellent opportunity in one country, rushed back to the country where he had formerly lived, and from there to a third place, in order to prevent his sweetheart from leaving him, whereas this danger did not really exist.

The patient remembered that at the age of four, or earlier, he had been left alone so much that he was forced to invent

various methods of amusement. He was under the care of an aunt, as his mother worked. He played with his toys, but whenever he became lonesome and asked his aunt, "What shall I do?", the aunt, busy with housework, answered, "Play". So he created variations on his toys; when he played with dominoes, he would build bridges and make up stories about them. (He still referred to his inventions as play.) Loneliness and boredom were his constant complaints. For example, when he was eight years old, he was taken to a café for afternoon tea by his parents. While at the table he invented various methods of amusing himself. He figured out, for instance, how many seconds had passed since the birth of Christ.

At school he excelled in history and mathematics and was also an excellent linguist. He was liked by most of his teachers and was always set up as an example, but a teacher he did not like was the object of the following imaginative invention: he would press a button in his own seat, which would cause a needle suddenly to jump up into the chair of his teacher. This was an electrical invention.

At the age of twelve, he tapped the house wires and devised an electric bell for his door, which also flashed a light. Even previous to that, he used to pull the covers over his head, take a searchlight with him and read as if he were in a cave. At this time, too, he fantasied the secret installation of a light and bell over his mother's bed—to elicit her admiration, he said.

When he was fourteen years old, he visualized the invention of a machine, the outside of which would be thoroughly screened with steel, while the interior would be amply supplied with a great variety of food. In this machine he would move about among people. It was always his hope to invent something which had not yet been accomplished or thought of, in order to make an impression. He had a good memory, and at fourteen he had already won several chess contests, playing against masters of the game. His first patent, which he got at fifteen, was for an electrical device to measure light intensity. From this age on, there occurred a succession of inventions

every year, the majority of them electrical. He constructed an electrical apparatus which determined the position of guns by their sound and air pressure. Prior to entering analysis he had devised about thirty-five inventions, some of them unimportant. His most recent device, an important improvement on the radio, is being manufactured at the present time.

Imagination and fantasy, the patient remarked, were always of the utmost importance to him. The early tendency of inventing stories and creating different methods of play became intensified as the years passed. This imagination and fantasy played a very important rôle in the patient's sexual life. His greatest pleasure resulted from the fantasy of preparation for intercourse, and also in the imagining of various perversions. At the age of puberty, which was full of fantasies of inventions, he would also conceive various methods of masturbation. It is here that we really find the first clearly expressed connection between sex (modes of masturbation) and his creation or invention. Memories of conscious masturbation went back to the age of about three, when he used to slide down the iron banister of the stairway, so that it caused pressure on his penis and testicles and thus created a slight sensation of pain and pleasure. At about the same time he suffered from worms, for which his mother administered warm enemas; to the repetition of these he looked forward with great anxiety as well as with desire. He thinks that he must have really enjoyed the enemas because he still remembers his exclamation when he felt the contact, "The warmth is coming".

From the period of early childhood until puberty, he slept in his parents' bedroom—very often with his mother when his father was absent for a few weeks. He manifested numerous childhood anxieties, paralleled by the anxieties present during analysis. He feared the lamp which was suspended from the ceiling; he was afraid of high places (bridges). In his childhood he had frequently asked of his parents, "Where was I ten years ago?" The answer was, "In the water!" He developed a phobia for water, despite the fact that he was an excellent swimmer.

At times the patient slept with an older male cousin and they discussed sexual matters. At the age of ten the possibility was discussed of retaining the penis in the vagina for a lengthy time so as to prolong the pleasure. His mother very nearly overheard these discussions on one occasion. During this period, and for the succeeding two or three years, his mode of masturbation still consisted in pressing his penis against various objects, such as lamp-posts, sliding posts in the gymnasium or the toilet seat. These masturbatory activities, however, were never carried out with an erect penis. At the age of twelve he still continued to sleep with his mother, and she once caught him playing with his penis. Not long after this incident a friend tried to have rectal intercourse with him. He recalled once thinking very excitedly about the act of copulation between his mother and father; he had been asleep on the couch when he heard noises and the sound of his father's heavy breathing. It was at about this time that he developed the desire to experience sexual pleasure with a woman. In early childhood, he used to wonder what would happen if he himself turned into a woman.

At thirteen he experienced his first seminal emission. He had been asleep on the couch in his parents' room and worried because he imagined that the semen was bloody and would leave marks on the bedding. He became quite panic-stricken. (He had previously seen spots in his mother's bed as well as in his aunt's; it was not quite clear to him how these came about, but he knew that it had something to do with sex.) From this time onwards masturbation became a constant orgy. But it was not sufficiently gratifying, and he began to invent different methods of increasing the sense of pleasure. He usually felt depressed after masturbation and consoled himself by saying, "If I feel bad after it, I will at least prolong it". The object of masturbation became its prolongation. He worked out a scale of masturbation whereby to measure the degree to which he succeeded in approaching the intensity of gratification which he believed to be that normally experienced. At the same time he tried to collect data which would enable him to

eliminate what was harmful in his masturbation. He had a diary in which he kept notes regarding the time and method of masturbation and the degree of pleasure obtained; and as a protection against discovery he recorded the act by using the Greek word "ananke".

When he was alone in the house his two outstanding thoughts were: to masturbate, and to find something hidden, something sweet to eat. A favorite mode of masturbation was to drink milk, then to take some of it and smear it over his penis and masturbate in such a position as to have the semen fall on his face. In order to accomplish this act he became quite a contortionist. Another means was to eat chocolate and to smear it on his penis. He fantasied sucking his own penis. In order to excite himself, he would insert a violin string into the urethra. Later on, he employed a candle inserted in the rectum for purposes of stimulation. (He knew that girls used candles in order to masturbate.) He made a similar use of the glass tubes which he employed in his chemical experiments.

His first heterosexual attempt occurred at the age of sixteen, when his brother took him to a prostitute. This attempt, however, resulted in failure. It was about ten years later that he made a second attempt, this time with success. This experience occurred under somewhat peculiar circumstances. It took place on a park bench on a cold winter's evening, and throughout he was in constant fear of being attacked by someone or killed. He had read in the daily papers of the attacks made on couples in the park, sometimes resulting even in murder. Afterwards fear manifested itself in one form or another every time he indulged in sexual intercourse. The fear that the girl would leave him made him evolve many methods of satisfying her. So, at least, he explained his perversions. However, analysis showed that cunnilingus and fellatio played a more important rôle in his own gratification than intercourse itself. For it became apparent that, at a deeper level, these practices signified the gratifying of his original oral cravings. He always managed to suck on the clitoris. Having his companion thus highly excited he would proceed to

have intercourse many times in succession. Furthermore, if the partner could be induced to practise fellatio on him, the sexual act would be considered completely successful. The partner in sexual intercourse could only be a girl whom in fantasy he could picture as permitting cunnilingus. But even with the help of these perverse activities he was unable to enjoy the sexual relationship. He would feel guilty, as his partners were usually inexperienced and would reproach him. These reproaches impelled him to thoughts of reform and were at the same time the cause of anxiety states which greatly interfered with his ability to work. He had to finish certain descriptions of his patents and to submit them to the patent office, but continually postponed doing so. He feared that his partner who paid his expenses, as well as the firm which retained him so that he might complete his mechanical device, would tire of his laziness, discharge him, and leave him without financial means or security.

His relationship to his partner was, as one might expect, abnormal. He fantasied homosexual relations with him, suspecting him of such practices. But, in addition, the attachment was the fulfilment of an early dream. Even in youth he had begun to set aside a fund which would enable him to retire at an early age. In this partnership he found the practical achievement of his ambition. He was supported, and all he had to do was to "play"—and to share the "play"; and this latter he had done by making his supporter a partner in the patent. At the same time there was tremendous resentment and aggression against the other party to this arrangement.

His relationship to his brother was also peculiar. In their early childhood this brother, who was older, was the favorite. But later the patient's brilliancy allowed him to supersede the other. Still later, the brother's greater success in sex drove the patient to compensation in intellectual ways. In recent years, the brother had become more or less dependent on him. By giving him support and advice the patient played sometimes a mother rôle and sometimes a father rôle towards the brother.

Towards his father he had a strongly ambivalent attitude.

While the patient was a baby, the father had been a salesman, but very soon thereafter established his own factory, which grew to be well known in the field and in which were to be found at all times certain of his own inventions. The patient, indeed, worked for his father for a period and had a deep admiration for him. On the other hand, the father was very strict and didactic at home and the patient very early learned to be afraid of him. He hated his father, and could never forgive him for having smashed the chemical laboratory which at the age of fifteen he had bought out of his savings. The father called his experimenting "time killing", and this was instrumental in the patient's decision to excel his father.

All these feelings for the members of his family and associates were overshadowed by his strong attachment to his mother. Above all he wanted to remain completely a child, enjoying all the pleasures of childhood without interference or limitation, as had once been the reality in his earliest relationship to his mother. This desire cropped out in his whole behavior, which was permeated by his wish to go back to his mother. His continual longing to create for himself a situation in which he would be dependent was the longing to reinstate his original dependence on his mother. This persistent regressive tendency is evident in his dreams, as is also the connection between his inventions and his sexual playfulness and practices. Of these dreams we will cite a few examples.

"I was on my way to a large theatre with two women, one of them tall and the other short. The latter carried my electric musical instrument which was in a large case, and a smaller black case which contained the electric batteries. I felt that it must be difficult for her to carry these cases, but I did not take them from her. Upon arriving at the theatre, the women went into the orchestra while I went up to the dressing room, taking my instrument with me. I was scheduled to play it."

"I am sitting in the office with a number of colleagues. In one corner of the room is a Russian orchestra. I want them to play a particular song and let them know it by dialing

the first letter of the text on the telephone which is placed before me. They commence to play it, but so badly that everybody laughs."

"I am in a dressing room of a theatre. We are preparing for a rehearsal of a performance in which I am to play my electric instrument. Around me are many girls—good looking and half nude. One of them is completely nude and a few drops of blood flow from her vagina. I wonder myself that I can be here without embarrassment. (I would actually be very much embarrassed.)"

"I am lying on a curious bed which is a combination of a piano and bed. It appears that I am lying under the keys. Near me is a little girl whom I am playing with and embracing. The doctor looks in, but when he sees the little girl with me he quietly retreats. The little girl, in the process of playing, presses one of the keys. I am afraid that my mother, who is in the next room, will hear the noise and see the little girl, so I pull her very close to me under the keys, and myself press the keys intentionally so that it would appear to mother that I am alone."

"I invent an apparatus which, when it is installed into an automobile, will always show the direction in which the steering gear should be turned so that everything will run smoothly. The entire invention consists of a little machine which projects a line forwards, and this line must be constantly followed by the steering wheel."

The five dreams here narrated are taken from the many which deal with invention and sex, and are cited because they also reveal castration anxieties. These dreams and the associations which the patient provided show his sexual strivings to possess a strong incestuous content; they also contain the wish to appease his unconscious guilt. They uncover, moreover, the deepest connection between his neurosis and creativeness.

The patient's strong inspectionist tendencies, as well as his auditory sensitiveness, as shown by his impulse to listen for noises, were exhibited in his associations to the dream of the

Russian musicians. These led back to memories of his early childhood when he slept in his mother's room and tried to catch the sounds made by his parents during intercourse. His eyes and ears were the two strongly libidinal organs, constantly at work and helping the patient in the realization of his fantasies, as well as in the developing and sustaining of his creative abilities. In the form of invention, they effected a sublimation of his incestuous libidinal drives. In early childhood, seeing and hearing helped the patient to avoid the pain and agony of being constantly alone by enabling him to invent play and fantasies on the basis of what he saw and heard. His present inventions and their projection and realization helped the patient also in dealing with his anxieties; he escaped from them by commencing to work or plan to work. Vision and hearing, with their strong libidinal charge, were the basis for his well developed and keen interest in hitherto untouched fields, as well as for his speculative mind.

All his symptoms and his artistic inventive accomplishments were rooted deeply in his early childhood fixation. The desire to be loved and admired, to become famous, to invent something which no one had so far succeeded in doing, to surpass his father and older brother—all these had their origin in his early childhood when he was somewhat of a wonder child, a genius, and was greatly admired by his mother. All these strivings included the original sexual aim towards the mother. It was thus necessary to counterbalance the sense of guilt, and here his inventions served as a means of escape, accomplishing symbolically the passionate desire to be loved by his mother and to love her without a sense of guilt. When, however, with the passage of the years, the symbolic expression no longer sufficed and he was moreover forced to assume a masculine sexual rôle, his difficulties arose with renewed intensity. His inventions and his work no longer satisfied his cravings, and sexuality itself could not be gratifying because of the old incest desire with all its implications; for the desire for gratification was counterbalanced by the danger of punishment. Fantasy,

expectation and anticipation became once more the main vehicle of his sexual life. His fantasies were strongly erotic, but when their realization was achieved, the resulting pleasure was meager: their realization carried within itself the elements of punishment. The powerful sexual urge of early childhood persisted and was modified into an urge for exploring and inventing. Certainly the "peculiar dispositions" of which Freud speaks in connection with Leonardo must be presupposed; childhood environmental impressions supported and strengthened them.

The entire intellectual development and inventive productivity of the patient reveals the process of sublimation. It must not be thought, of course, that the libido, through sublimation, changed directly into inventive work; but the libido, in the process of sublimation, supported and strengthened dynamically the biologic predisposition which Dr. Imre Herman has also emphasized. The erotic component is present, but not as flagrantly as in artistic production, where eros is always in the foreground. In the case of the inventor the erotic trend is forced to the periphery and desexualization is more successful. This would also partially explain the psychogenic origin of the inventive trend. In its essential meaning to the patient, it served manifold ends. It meant relief and escape from painful situations determined by incestuous desire and unconscious sense of guilt. Another aim was narcissistic ego gratification with its external concomitants of admiration. Its undiluted sexual significance was present in his creativeness and productivity, which carried both masculine and feminine components—making the child and delivering it.

The patient read somewhere of a Roman emperor who offered a large reward to anyone who would teach him to enjoy sex both as a man and as a woman. The patient carried this idea with him and accomplished it unconsciously. In analysis, he wanted it justified, so that he might indulge in it without guilt or fear.

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OUTLINE OF CLINICAL PSYCHOANALYSIS

BY OTTO FENICHEL (OSLO)

CHAPTER VIII

THE SCHIZOPHRENIAS

The further our exposition takes us from the topic of hysteria, the less definite becomes our theoretical psychoanalytical knowledge. The theory of hysteria is corroborated daily by our clinical experience and represents a well rounded whole. On the other hand, in the theory of compulsion neuroses, there are a number of large gaps which remain to be filled by future investigations. A coherent conception of perversions will be possible only after we have formed a hypothesis that can be substantiated empirically. The two remaining provinces, psychoanalytical psychiatry and characterology, are the most recent fields of psychoanalytic study. Their exploitation is only beginning; they provide a plethora of challenging problems, yet for the time being only the naked framework of a theory can be considered as securely grounded.

The relations of psychiatry and psychoanalysis have been discussed so frequently and so adequately that they need not detain us here.¹ Suffice it to say that a psychoanalytical theory of psychoses by no means implies that psychiatric research is superfluous. The aim of such an analytic theory is only to supplement psychiatric knowledge at certain essential points. Regardless of such a theory, there remains the field of somatic problems, which cannot be attacked by psychoanalysis, and on the psychological side, the purely descriptive studies. More-

¹ See Freud: "XVI. Vorlesung" in: *Vorlesungen zur Einführung, etc.* Ges. Schr. VII. (Trans. by Riviere.) Binswanger, Ludwig: *Psychoanalyse und klinische Psychiatrie*. Int. Ztschr. f. Ps. VII, 1921, and Stürcke, August: *Psychoanalyse und Psychiatrie*. 1921. (Trans. Int. J. Ps-A. II.)

over, the "microscopy" of psychoanalysis *presupposes* the existence of the "macroscopy" of psychiatry as histology presupposes the existence of anatomy. This macroscopic study is clinical psychiatry, which deals with symptomatology, diagnosis of the clinical picture, and prognosis. These psychoanalysis must take for granted.¹

In our discussion of the individual neuroses, we frequently touched upon rather obscure domains which seemed to lead us into the field of schizophrenia. Thus we found, related to hysteria, various hypochondriacal states and organ neuroses. These were interpreted on the basis of the fundamental principle, that in these conditions, the intrapsychic object representations had lost their cathexis, and that, instead, the organ representations (i.e., the body system) belonging to the ego became invested with the libido; object libidinal relationships were replaced by narcissism. Among the cases of inhibited states resembling hysteria, some with widespread general inhibitions were found that approached hebephrenia. These were characterized by a loss of interest in the outside world and made the impression not so much of a repression of object relationships as of an almost total eradication of them. Psychogenic tic appears to be related to compulsion neuroses; yet tic gives the impression that the libido which here finds its outlet in a symptom is an expression of dammed up organ cathexes. In connection with the perversions we spoke of severe infantilism, where there was also a profound change in the relationship to the outside world: we stated that in this condition there were no authentic object libidinal relationships, but that the objects were merely utilized as aids in settling conflicts pertaining to self-regard. All these neurotic conditions, which approach the psychoses, are characterized by one common trait: the regression in these cases is deeper than in neuroses proper, and in part extends back to the level at which there were as yet no object relationships. We can therefore bring to our present study the so to say preconception that the

¹ This also applies to the subjects of the following chapters of this book.

fundamental and most assured result of the psychoanalytic study of psychoses is that they are narcissistic phenomena.

Schizophrenia, as we know, is looked upon by present-day psychiatry not as a definite nosological entity, but as a group of pathological mental states. Its symptoms and clinical pictures are extraordinarily varied. What is striking and common to all schizophrenias is their strangeness, their bizarre nature, the absurdity and unpredictability of their affects and intellectual ideas and of the connection between these two. No matter how much we emotionally put ourselves in the patient's place, we always reach a point where this no longer is possible, where the patient's behavior appears merely "crazy" and senseless, so that one gains the impression not of strange mental activity, but as it were of no mental activity at all. It is this impression that leads so many clinicians to stand stubbornly by the theory of the purely somatic etiology of schizophrenia. They claim that the brain is affected in schizophrenia, that instead of mental activity a pseudo mental activity comes to the fore, one which still appears in the form of psychic elements but which is without continuity and without meaning. However, it remains a fact that researches in pathological anatomy, endocrinology, and general pathology have as yet produced nothing that is clearcut concerning the etiology of schizophrenia. It goes without saying that this alone does not exclude the possibility of a somatic etiology of schizophrenia. On the contrary: after all, even the libido theory requires a somatic etiology for all neuroses, that is to say, it assumes that they depend on an altered sexual metabolism. And yet, although there still persists a general impression that a schizophrenia is something totally different from a neurosis, there is nothing to prove that there is a different and opposed principle in a neurosis and a psychosis, though there may be other differences. At any rate, despite the initial impression of inability to empathize with the schizophrenic, we may legitimately attempt to understand psychologically this gap between the psychology of the schizophrenic and our own. Even if it were proven that the etiology of schizophrenia is essentially somatic, it would still be tempt-

ing to study the psychological aspects of a heterogeneously produced mental disintegration. Only from the result of such a study, would we, possibly, have an indication of the general etiology of schizophrenia. As is well known a great part of the present-day psychiatric studies of schizophrenia is of a psychological nature.¹ Our theoretical understanding of the schizophrenias appears to-day so far advanced by Freud, their differentiation from the neuroses has been theoretically so very adequately worked out, that it does not seem probable that somatic factors play fundamentally a different rôle in the origination of schizophrenia than in that of the neuroses.

The point of departure in our present study is that psychotic symptoms, or to be more conservative, some psychotic symptoms, like neurotic symptoms, have a meaning. This extremely significant finding, first made by Jung² and Abraham,³ was later corroborated by Freud⁴ and since then by many others. This is most simply proven in those non-schizophrenic psychoses which in the past were called Meynert's amentia—acute hallucinatory states which develop usually after definite traumas such as operations or childbirth, and which frequently are easily recognizable as fulfilments of a wish.⁵ For instance, a man whose leg is amputated will develop an acute psychosis in which he denies the amputation and imagines that he still possesses a healthy leg. We thus see that the psychosis is a wish fulfilment, resembling in this respect a dream, which succeeds in repudiating an unpleasant reality and creating in

¹ Cf. for this entire exposition Vohwinkel, Eda: *Der heutige Stand der psychiatrischen Schizophrenieforschung*. Int. Ztschr. f. Ps. XVI, 1930.

² Jung, C. G.: *Über die Psychologie der Dementia praecox*, 1907 (Trans. *The Psychology of Dementia praecox*. New York, 1909), and *Der Inhalt der Psychose*. 1908.

³ Abraham, Karl: *Die psychosexuellen Differenzen der Hysterie und der Dementia praecox*. Zentralbl. f. Nervenheilkde. u. Psychiat. XIX. 1908. (Trans. in *Selected Papers*.)

⁴ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII. (Trans. in *Coll. Papers* III.)

⁵ See Freud: *Metapsychologische Ergänzung zur Traumlehre*. Ges. Schr. V, 528 (Trans. in *Coll. Papers* IV, 145), and *Neurose und Psychose*. Ges. Schr. V, 420 (Trans. in *Coll. Papers* II, 252.)

its place a more pleasant one. Since we have every reason to believe that the hallucinatory wish fulfilment represents a primitive level of ego development which was dominant before the establishment of the reality principle,¹ we are led to two conclusions, the general nature of which we may for the time being consider doubtful:—(1) The psychotic escapes a conflict with reality through breaking with the latter; he represses not the instinctual impulse which leads to the conflict but the perceptions which stand in the way of his wishes. And (2) this break with reality follows a regressive path; the patient sinks back into that state in which he lived before acquiring the function of reality testing.

The testing of reality, according to psychoanalytic theory, is a fundamental function of the ego;² the regressive breakdown of this capacity shows that the regression proceeds to the period before there was any differentiation of an ego. This brings us to the heuristic idea of a "disintegration of the ego", of the remarkable relaxation of the continuity of that which usually holds together that totality known as the personality—a process which is regressive. The ego is that division of the id which is differentiated from it as a part destined to keep in touch with the outside world. At the beginning there is no such differentiation between an ego and an id. It is possible that schizophrenia represents the return to the time when the differentiation has not yet taken place or has just begun to take place. We first learned of the rôle of anal-sadistic libido in the person's sexual development from the study of the compulsion neurosis, and after this could confirm our impression by the direct observation of children; similarly the study of schizophrenia may elucidate the processes of the earliest period in the baby's life, before the ego is formed.

The concept of a regressive disintegration of the ego is cor-

¹ Ferenczi, Sándor: *Entwicklungsstufen des Wirklichkeitssinnes*. Int. Ztschr. f. Ps. I. 1913. Also in *Bausteine der Psychoanalyse*. I. p. 62 ff. (Trans. in *Contributions to Psycho-Analysis*.)

² See Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI. (Trans. in *Coll. Papers IV*.)

roborated quite unexpectedly by the following point: in search for a point of view which would enable one to unite all the various manifestations of schizophrenia, one finds that thought in schizophrenics—the way they use concepts and words (and feelings)—is not always disorderly. There is, as a matter of fact, a definite order in their thinking but it is not that of our “normal” logic and its laws. We have in mind magical thinking, and all those manifestations included by Levy-Brühl under the name of “pre-logic”.¹ We had a glimpse of this type of thinking when we discussed the peculiar superstitiousness and the magic animistic thinking of compulsion neurotics. We may say that a part of the ego of these compulsion neurotics had regressed to this primitive level.² One can find this archaic pre-logical residue in phylogenetic traits like the animism and magic of primitive races,³ and in ontogenetic development, as the belief in omnipotence and the magic thinking of children,⁴ and, in adults, as “antecedents of thoughts”.⁵ One thus gains the impression that what we found adumbrated in the compulsion neurosis is markedly developed in schizophrenia, and that the schizophrenic thinking falls back from the logical to the pre-logical level. The archaic mode of thinking, it has been proven, is to-day still efficacious in the unconscious, and this is the reason for the statement heard frequently in the past that in the psychoses the unconscious becomes conscious: the reason, for instance, of schizophrenics’ astonishing intuitive understanding of symbolism, which is often self-evident to them—indeed of the same symbolism that neurotics find so difficult of belief when it is used in the interpretation of their dreams. Thus a schizophrenic would state: “The hammer is a penis.” Symbolic thinking is one of the characteristic components of “pre-logic”. But in respect to the

¹ Levy-Brühl, L.: *Primitive Mentality*. New York: Macmillan. 1923.

² See chapter on Compulsion Neuroses.

³ Freud: *Totem und Tabu*. Ges. Schr. X. (Trans. Brill.)

⁴ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI. (Trans. in *Coll. Papers IV*.)

⁵ Schilder, Paul: *Über Gedankenentwicklung*. Ztschr. f. d. ges. Neur. u. Psych., 1921. Pp. 59.

intellectual content too, we find direct expression of ideas ordinarily repressed; for example, those involved in the œdipus complex. The notion, therefore, that there is a regressive process at work in schizophrenia gains in plausibility. From the purely descriptive point of view, it is correct to speak of an ego regression. Without going deeper into the question of whether there is a theoretical difference between an ego regression and a libido regression, we may state that in schizophrenia this ego regression is a much deeper one than in the regressive neuroses, in that it extends back to the time when the ego first arose. Freud pointed out the probability that the final differentiation of the ego (which is essentially an intermediary between the psyche and the environment) coincides with the discovery of the environment—that is, of acquaintance with objects.¹ The original narcissism, which ended with the recognition of an objective world differentiable from the ego, may be considered as finished when the differentiation of the ego is completed.² A regression to the time before the ego was completely formed, or when it was being formed, coincides therefore with a regression to the narcissistic stage; it is this regression which we desire to postulate as a general principle in the whole problem of the psychology of schizophrenia, as, similarly, the general idea of anal sadistic regression enabled us to give coherence to the heterogeneous phenomena of the compulsion neuroses. This narcissistic regression was discovered and demonstrated by Freud in the case of Schreber.³ However, it was first particularly well worked out and explained in a classical essay by Tausk, who succeeded in demonstrating that a number of schizophrenic symptoms were repetitions of events at the time when the ego was being discovered.⁴ It is well known, for instance, that most schizophrenias begin with char-

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 369. (Trans. by Riviere. P. 30.)

² See Freud: *Triebe und Triebchicksale*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

³ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII. (Trans. in *Coll. Papers* III.)

⁴ Tausk, Viktor: *Über den "Beeinflussungsapparat" in der Schizophrenie*. Int. Ztschr. f. Ps. V. 1919. (Trans. PSA. QUARTERLY II, 1933.)

acteristic hypochondriacal sensations. The theoretical formula of hypochondria, which states that the organ cathexes grow at the expense of object cathexes,¹ makes this early symptomatology intelligible, for the beginning of the schizophrenic process thus must correspond to a regression to narcissism. However, it was Tausk who first brought this out in specific instances, harmonizing this point of view with the notions of earlier writers, who had stated that the discovery of the ego (or of the objective world) by the suckling is made when it discovers its own body, which is distinguished from all other parts of the universe by the remarkable fact that it is perceived through two types of sensations—external tactile, and internal deep sensibility.² Freud stated that the ego is primarily a bodily thing—that is, a perception of its own body.³ The “body-diagram”⁴ is the nucleus of the ego. In the hypochondriacal sensations that appear at the beginning of schizophrenia, this nucleus and its evolution appear once again. Quite as frequently we find among the earliest symptoms of schizophrenia the feeling that certain organs, bodily areas, or the whole body are perceived as if they did not belong to the subject or they are not felt in the usual way. This, too, can be explained on the basis of the same libidinal situation in regard to the “body-diagram” as the hypochondriacal reactions. When an organ disappears from consciousness, from the perception of the body, it does not always mean, as Federn thought,⁵ that the corresponding amount of libido has been withdrawn from that organ. On the contrary, it might mean that this organ has become charged with a large amount of libido which is concealed by a manifest counter-cathexis.⁶ Tausk points out that

¹ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI. (Trans. in *Coll. Papers* IV.)

² Preyer: *Die Seele des Kindes*. 1884. Scheler, cited by Schilder, Paul: *Medizinische Psychologie*, 252.

³ Freud: *Das Ich und das Es*. Ges. Schr. VI, 369. (Trans. by Riviere. P. 30.)

⁴ Schilder, Paul: *Das Körperschema*. Berlin. 1923.

⁵ Federn, Paul: *Einige Variationen des Ichgefühls*. Int. Ztschr. f. Ps. XII, 1926. (Trans. Int. J. Ps-A. VII.)

⁶ See Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Ps. XIV. 1928.

such a period of estrangement of the body usually follows a hypochondriacal period.¹ This leads us to assume that the increased cathexis of the organ itself has not been altered, but that the ego in the meantime has succeeded in repressing, so to say, the hypochondriacal sensations, by means of a counter-cathexis. Another phenomenon analogous to the feeling of body estrangement is found in the early stages of schizophrenia, known as *depersonalization*. In estrangement states, an increased narcissistic cathexis of the body ego is countered by the defensive reactions; in depersonalization, an increased narcissistic cathexis of mental processes. In depersonalization, overcharged feelings and perceptions are "repressed" through a regression to narcissism. The patient, in observing himself, cannot find a sensation, in the same way as an individual cannot find the name of a person which is "on the tip of his tongue", and this is a manifestation of a counter-cathexis. The feelings of estrangement and depersonalization, as was emphasized by Reik,² represent a special type of defense against instinct, one which obviously is used after an increase in narcissism. The emphasis of the rôle of counter-cathexis makes it possible to elucidate a point in regard to depersonalization which was not clear in Nunberg's and Schilder's papers. In Nunberg's study the question remained open whether depersonalization represents a decrease of narcissistic libido (loss of libido) or an increase (loss of gratification, in other words, a damming up of libido).³ As to Schilder, he definitely emphasizes that "the persons suffering from depersonalization do not lack feelings; the patients merely perceive, arising from within, an opposition to their own experiences", that self-observation represents this inner opposition so that "we have in depersonalization two conflicting directions . . . the organ which carries the narcissistic cathexis is the one most subjected to

¹ Tausk, Viktor: *Über den "Beeinflussungsapparat" in der Schizophrenie*. Int. Ztschr. f. Ps. V. 1919. (Trans. PSA. QUARTERLY II.)

² Reik, Theodor: *Psychologie und Depersonalisation*. In: *Wie man Psychologie wird*. Vienna, 1927.

³ Nunberg, H.: *Über Depersonalizationszustände im Lichte der Libidotheorie*. Int. Ztschr. f. Ps. X, 1924.

depersonalization". Metapsychologically, therefore, one might say that "the patients withdraw libido from their own experiences".¹ In our opinion, the prerequisite of depersonalization is always an increase of narcissistic libido. The results of this are perceived as unpleasant by the ego, which therefore undertakes defensive measures against it. These defensive measures, which are manifest as depersonalization, may frequently represent a withdrawal of libido, but in most of the cases it is possible to demonstrate that they take the course of a counter-cathexis.² What has been said of the feeling of estrangement and depersonalization, i.e., that they represent the reaction of the ego against the inner perception of the increase in narcissistic libido, can also be said of general perplexity, of the feeling that everything has changed, i.e., it is an undifferentiated reaction to the inner perception of the narcissistic regression and the accompanying libidinal displacements. This reaction to the inner perception of the negative nature of this regression, i.e., the loss of object relationships, explains according to Freud the phantasy frequently met with in early stages of schizophrenia, that the world is coming to an end. The patients are in a sense correct, because as far as they are concerned their objective world has actually disintegrated.³

The content and the mechanisms of this fateful regression were first studied by Freud in the case of delusions. He studied the case of Schreber, whose entire delusional system was characterized by an ambivalent attitude toward God and by his delusion of being emasculated. Freud convincingly interpreted the fundamental idea, which the psychosis attempted to overcome, as Schreber's father complex, particu-

¹ Schilder, Paul: *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage*. Pp. 39, 42.

² Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Ps. XIV. 1928. Compare also with Sadger, Isidor: *Über Depersonalisation*. Int. Ztschr. f. Ps. XIV. 1928.

³ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 421 ff. (Trans. in *Coll. Papers* III.)

larly its passive homosexual components.¹ Schreber attempted to protect himself in every way possible from passive homosexual temptations, which corresponded to his infantile attitude to his father. Many features of his psychotic isolation could be explained by the following: his social instinctual cathexes which were sustained by erotized homosexual libido were again erotized, and for this reason had to be warded off. The delusions themselves proved to a large extent analogous to dreams. The fact that in this case not the normal œdipus complex, but a negative one, or homosexuality, furnished the infantile sexuality against which he had to defend himself—a finding encountered also in the majority of paranoid schizophrenias—is of general significance and in no way contradicts the theory of narcissistic regression.² In our discussion of homosexuality we saw why this perversion is so closely related to narcissism. We may say that homosexuality represents a state between love of a heterosexual object and love of one's self. It is therefore thinkable that a regression to narcissism may stop at the level of homosexuality as an intermediary step, and also that a person who had regressed to the level of narcissism, in striving to recover and to return to the object world, will reach a homosexual level rather than normal heterosexual relationships. Both possibilities are realized in the symptomatology of schizophrenia. We shall return later to the problem of the special relationship of homosexuality to narcissism in schizophrenia.

The typical paranoid delusions have been brought closer to our understanding by Freud in the following way:³

¹ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII. (Trans. in *Coll. Papers* III.)

² See for example Ferenczi, Sándor: *Über die Rolle der Homosexualität in der Pathogenese der Paranoia*. Jahrb. f. psa. u. psychopath. Forschgn. III. 1911. And *Einige klinische Beobachtungen bei Paranoia und Paraphrenie*. Int. Ztschr. f. Psa. II. 1914. (Trans. in *Contributions to Psychoanalysis*.) Hirschmann, Eduard: *Paranoia, Homosexualität und Analerotik*. Int. Ztschr. f. Psa. I. 1913. And articles by other authors.

³ See Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII. (Trans. in *Coll. Papers* III.)

The delusions of grandeur are a direct expression of the reactivated primitive narcissism, in which state the person affected again believes in his own omnipotence. No clinical pictures offer so auspicious an opportunity to study the manifestations of infantile narcissism as these delusions. All the sexual overestimation which usually appertains to a loved object is here directed in a primitive manner towards one's own ego. The belief in one's omnipotence which comes to the fore in the delusion of grandeur is an aspect of the magic animistic world view of the primitive man. It must be emphasized that the "primitive narcissism", here referred to, means a real state of being in love with one's own ego, an ego which though primitive already exists at this stage. The narcissism referred to here is established after the ego has once been found; it is, therefore, "secondary" and differs from the primary narcissism that was present before the ego and outer world were distinguished. The delusion of grandeur is thus the expression of a regression, which exceeds any regression to be found in the neuroses, but it is not the deepest that is possible in schizophrenia. There are, besides the delusion of grandeur, many other manifestations of the same stage of being completely in love with one's own self. The analysis of the common ideas of being influenced by machines, which are supposedly used by the schizophrenic's persecutors, shows that these machines are replicas of the patient's own body.¹ This delusion originates from the fact that the self-infatuated patient desires to meet his own ego, in the form of an object, in the outer world. The mechanism utilized in the formation of this delusion, as in paranoia, is that of projection. The narcissistic cathexis of the person's own body is demonstrated by the fact that the apparatus which represents the body as frequently also represents one or the other organ of the patient's own body, which the patient values particularly highly. Quite often it is a symbol of the genital organ; on other occasions, particularly when there are pregenital fixations, it may stand

¹ See Tausk, Viktor: *Über den "Beeinflussungsapparat" in der Schizophrenie*. Int. Ztschr. f. Ps. V. 1919. (Trans. PSA. QUARTERLY II.)

for the buttocks, or the like. The same may be said of the various inventions of schizophrenics, which frequently can be recognized as projections of their own organs.¹ The most remarkable fact about this is that this replica of the patient's body is never used in phantasies of coitus, but appears instead as a cruel object in the hands of the imagined persecutor, and in some cases as the double of this persecutor. In these delusions therefore the patient's own ego appears condensed in a remarkable manner with external, especially homosexual, objects. In compulsion neuroses, condensations of anal sadistic and phallic impulses could be interpreted as a result of regression. In schizophrenias, also, such condensations indicate the regressive nature of the heightened narcissism, regardless of whether the object libidinal features are carried, as condensations, into regression, or appear later when the attempt at restitution is made.

The meaning of delusions of persecution was revealed clearly in the case of Schreber and has been corroborated since by all investigators of the subject. Schreber protected himself from his homosexual tendencies by denying and projecting:—"I don't love him; I hate him", the ego first says in self-defense, according to Freud. Then comes the projection: "He hates me". His own hatred is then rationalized: "I don't love him, I hate him because he persecutes me".² It is well known that ideas of persecution are the best field for the study of the primitive magic world. As a matter of fact, the persecutions are at times identical with those feared by primitive peoples. The delusional nature of this mode of defense against homosexuality can be viewed not only as an aspect of the regression of the ego, but also as the destruction of the function of reality testing. It is interesting to note that the hate is not projected at random, but occurs usually in connection with something

¹ Kielholz, Arthur: *Zur Genese und Dynamik des Erfinderwahns*. Int. Ztschr. f. Ps. IX, 1923. (Trans. in Int. J. Ps-A. V.)

² Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 414. (Trans. in *Coll. Papers* III. P. 449.)

that has a basis in reality; it usually settles upon a person who unconsciously really does hate the patient, or at any rate does not love him. Just as the "monsters" in the manifest content of a dream many represent a "water animalcule" from daily life,¹ so the monster of the paranoid delusion is rooted in a real microbe.² This impairment in the capacity of testing reality is not, however, the sole point that betrays the archaic nature of these trends. The apparent transformation of love into hate, which plays the fundamental rôle in the development of delusions of persecution, is possible only if there is present a particularly strong ambivalence; in other words, if there is an archaic type of attitude towards objects.³ As a matter of fact, it is always possible to demonstrate clearly in persons suffering from delusions of persecution, the presence of pregenital aims, of which the object-relationship is undifferentiated and neither love nor hate; incorporation is one of them. The incorporated object has become a part of the subject's ego, and thus the remarkable condensation of ego with object here finds its explanation. The persecutor, like the instrument he uses, proves often to be not alone the object once loved, but as well a projection of the subject's own ego, be it of his body or bodily parts, or specific parts of his psyche. As to the physical features of the persecutor, Stärcke⁴ and Van Ophuijsen⁵ demonstrated that the persecutor who represents a real object, is perceived in the unconscious, curiously enough, as the patient's own faeces, and the persecution itself is perceived as a projection of the intestinal sensations, which are accentuated as a result of the narcissistic regression. Bibring

¹ Sachs, Hanns: *Traumdeutung und Menschenkenntnis*. Jahrb. f. psa. u. psychopath. Forschgn. III. 1912, 569.

² Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V, 391 ff. (Trans. in *Coll. Papers* II. P. 235.)

³ Freud: *Das Ich und das Es*. Ges. Schr. VI, 387 ff. (Trans. by Riviere. P. 59.)

⁴ Stärcke, August: *Die Umkehrung des Libidovorzeichens beim Verfolgungswahn*. Int. Ztschr. f. Ps. V. 1919. (Trans. in Int. J. Ps-A. I.)

⁵ Van Ophuijsen, J. H. W.: *Über die Quelle der Empfindung der Verfolgterdens*. Int. Ztschr. f. Ps. VI. 1920. (Trans. in Int. J. Ps-A. I.)

reported the case of a woman who believed that she was being persecuted by a man named "Rear"; she attributed to this man a number of characteristics which in fact were true of her own gluteal region.¹

We see therefore in the persecutor a curious mixture of the characteristics of the object and those of the schizophrenic's own body or bodily parts. Such an equation of organ with the object is found not only in delusions of persecution. Nunberg² and Simmel³ demonstrated clinically the presence of the equation, object=fæces, in the unconscious of other patients. The ethnological basis of this equation was demonstrated by Róheim.⁴ This is found in hypochondria and in the narcissistic organ neuroses.⁵ In these conditions we find that as a result of narcissistic regression and in connection with pregenital object relationships, such as a total or partial incorporation, the organ representation has become an external object. Evidently the same type of phantasy is operative in delusions of persecution; here, too, the object has been first introjected but, in contradistinction to the neuroses heretofore discussed, this incorporated object was again projected outward. The fact that the persecutor represents at the same time the love object and the subject's own body is due to its having been incorporated. And the fact that the object which is projected into the outer world had at first to pass through the ego, as it were, and then become a persecutor, is due to the ambivalent nature of every incorporation. It is worth noting that among the organs thus projected, fæces and buttocks play

¹ Bibring, Edward: *Klinische Beiträge zur Paranoiafrage. II. Ein Fall von Organprojektion.* Int. Ztschr. f. Ps. XV, 1929.

² Nunberg, Hermann: *Über den katatonischen Anfall.* Int. Ztschr. f. Ps. VI, 1920.

³ First in: *Die psycho-physische Bedeutsamkeit des Intestinalorgans für die Urverdrängung.* Lecture before the 8th International Psychoanalytic Congress. Author's abstract in Int. Ztschr. f. Ps. X, 1924, then in *Doktorspiel, Kranksein und Arztberuf.* Int. Ztschr. f. Ps. XII, 1926. (Trans. in Int. J. Ps-A. VII, 1926.)

⁴ Róheim, Géza: *Nach dem Tode des Urvaters.* Imago IX, 1923. And in other works.

⁵ See the pertinent chapters in this *Outline.*

a particular rôle. According to Abraham, the process of incorporation is perceived by paranoid patients as an anal process. Evidently this anal incorporation represents the object relationship at the level of an early anal sadistic orientation of the libido; it is perceived as destructive of the object, and a step towards narcissism, and is therefore more archaic in nature than the anal sadistic level to which a compulsion neurosis regresses, for the latter *preserves* the object (Abraham).¹

Not infrequently, however, one finds among paranoid schizophrenias also phantasies of oral (epidermal, or respiratory) incorporation; this may be demonstrated by the presence of ideas of eating or being eaten up, as shown in astonishing fashion by Nunberg's² patient, or it may be demonstrated analytically.

Thus one of the early symptoms of a young hebephrenic man was a strong fear of dogs combined with an inability to eat in the presence of his mother. The analysis of the case showed that these symptoms were a defense against the wish to bite his mother and eat her up.

As we have said, psychic elements may also be projected on to the persecutor. This occurs not only when hatred, which is a defense against love, becomes projected and is perceived as coming from the imagined persecutor ("I don't love him; I hate him, because he persecutes me"); but also certain definite attitudes and expressions which are frequently ascribed to the persecutor, correspond unequivocally to impulses of the subject's own super-ego. The persecutor observes and criticizes the patient; his persecutions are frequently projections of the patient's own bad conscience.³ But this same circumstance, which at first appears to make the picture more complicated, corroborates the theory of incorporation. For the super-ego, as Freud pointed out, is a result of an introjection of external

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*, 11 ff. (Trans. in *Selected Papers*, 424 ff.)

² Nunberg, Hermann: *Über den katatonischen Anfall*. Int. Ztschr. f. Ps. VI, 1920.

³ See for example Schilder, Paul: *Zur Pathologie des Ichideals*. Int. Ztschr. f. Ps. VIII, 1922.

objects,¹ and the organ affected by hypochondriacal complaints may also represent conscience. We shall return to this problem later, and for the present reduce the above statements to the following symbolic equations:—Persecutor=(homosexual) love object=narcissistically hypercathected and projected organ (faeces, buttocks)=projected super-ego.

Other paranoid trends also follow the schematic formula: "I don't love him, I hate him because he persecutes me." Thus, erotomania, according to Freud, follows the formula: "I don't love him; I love her, because she loves me."² A trace of this mechanism is often to be found in schizophrenics even when the erotomanic trends are not definitely expressed. One sees frequently that these patients become frantically attached to women, believe that they are loved, or try in an exaggerated manner to fall in love. As a rule, psychoanalysis shows that this overdone love for women or desire to be loved, is only a defense against an unconscious love for men. The delusion then is an exaggerated continuance of a mechanism which can also be observed in latent homosexual men who are far from becoming psychotic. Many men who, in a state of extreme conscious longing for feminine love, spend almost all their time looking for a feminine love object, are never able to achieve this goal. They are striving in this fashion to deny their homosexuality, which, however, breaks through nevertheless in the form of a symptom. For without being aware of it, such patients displace their inquisitiveness, supposedly concerning women, on to the erotic adventures between women and other men and finally on to the question of how other men behave in order to conquer a woman, and in these phantasies they come to identify themselves with women. Finally such an individual, who runs about the streets seeking a woman, unconsciously identifies himself with prostitutes who seek men. Still other patients who are apparently closer to a schizophrenic

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI. (Trans. by Riviere.)

² Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 415. (Trans. in *Coll. Papers* III, 449.)

psychosis give the impression that in their frantic search for a love object, the sex of the object does not play an essential or important rôle. In such cases, the crux is that they perceive intrapsychically the imminence of an object loss, and they endeavor to escape this by frantically clinging to an object. Only with the development of a definite delusion does this mechanism become a paranoid symptom—that is, when this exaggerated desire for an object becomes projected on to the woman. As is known, this type of delusion is more common among women than men, and has been described as a special type of paranoia.

The delusion of jealousy serves the same psychological purpose and follows the formula, "I don't love him—for she loves him."¹ Delusional jealousy differs from normal or neurotic jealousy in that it usually appears without any objective reason. The jealous paranoid person suspects his wife of having relations with men with whom she in reality has nothing whatever to do. It is evident only after analysis that the patient is actually interested unconsciously in the other man. This type of patient, as we see, also strives to rid himself of his homosexuality by means of projection. In such cases there are of course a few insignificant facts which appear to justify the jealousy to which the unjustified jealousy tries to cling. As in erotomania, there are transitions from definitely psychotic to normal jealousy. Indeed, the discovery of the unconscious meaning of pathological jealousy first made intelligible the general meaning of the affect of jealousy.² A particle of such projection of homosexuality is to be found in every case of jealousy. Usually through self-observation, but surely through psychoanalysis, it can be demonstrated that the jealous man is not merely irritated because his sweetheart pays attention to another man, but also because the man pays attention

¹ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 416 ff. (Trans. in *Coll. Papers* III.)

² Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

to her and not to him. Tormenting jealous thoughts frequently lead such persons to imagine love scenes between their partner and a third person, and in these phantasies the jealous man frequently puts himself homosexually in the place of the woman, whose feelings he can understand. The real cause of the rage and aggression may then be expressed as follows: "She enjoys something with that man and I cannot be there to participate in it." Sterba pointed out that this circumstance is expressed by the fact that "being jealous of" is a term with a double meaning, applicable to the unfaithful person as well as to the rival.¹ The narcissistic component, which the jealous person senses almost consciously when he regards his feeling as affecting his self-esteem, is unconsciously and intimately connected with the sexual component. A person who requires the narcissistic feeling of being loved unconditionally, in order to keep his psychic equilibrium, is always unconsciously close to homosexual trends, and Jones has tellingly demonstrated the way in which both these tendencies find their expression in the state of jealousy.² We must also point out that in neurotic persons in whom the homosexual component plays no more than the normal rôle, jealousy is also a result of projection. The basis of this jealousy in such cases is the unconscious (this time heterosexual) tendency to infidelity, which is projected on to the partner.³

In ideas of reference and ideas of being influenced, one sees most clearly the operation of the mechanism which we last mentioned, i.e., the projection of the super-ego.⁴ The patients always feel that they are being controlled, observed, influenced, criticized, called upon to give an account of themselves, and punished. The "voices" they hear frequently state, as if in confirmation, what the patient is doing: "Now he is eating,

¹ Sterba, Richard: *Eifersüchtig auf . . . ?* *Psa. Bewegung*, II, 1930.

² Jones, Ernest: *Die Eifersucht*. *Psa. Bewegung*, II, 1930.

³ Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. *Ges. Schr.* V. (Trans. in *Coll. Papers* II.)

⁴ Freud: *Zur Einführung des Narzissmus*. *Ges. Schr.* VI, 179 ff. (Trans. in *Coll. Papers* IV, p. 52.)

now he is sitting down, now he is getting up", or he hears criticisms of himself, usually referring to his sexual activities which are depicted as dirty or forbidden, reproaches for his homosexuality, for his pregenital tendencies—in the manner of severe parents and as if the patient was a child. The "physiognomist" of Schilder's case, by means of his influencing instrument, which incidentally corroborates Tausk's interpretation of it as the double of the patient himself,¹ enumerates all the sins of that patient.² The super-ego nature of the voices or the forces of persecution is evinced most clearly in cases in which the reproaches hurled at the patient are the same in point of content as the self-reproach in depressions. There is, however, one very important difference: here owing to projection the reproaches come from outside and therefore are usually regarded as unjustified. At any rate, these hallucinatory or delusional creations do not only punish the patient, but they also appear as tempters who lead the individual into sin, weaken his sexual potency, and the like. This can be explained by the fact that, as in the case of the persecutor, these delusions or hallucinations represent at the same time the (ambivalently) loved object; the sexual wish for this person is perceived as a corrupting influence that emanates from him. And yet the impression remains that in ideas of reference and influence the fundamental rôle is played by the projection of the super-ego; that the hallucinations and delusions merely bring to the patient from the outside what actually his own conscience, self-observation and self-criticism tell him.³ Despite the fact that internal perception too is one of the functions of the ego, if self-observation is exaggerated, we must ascribe it to the super-ego, and in schizophrenias it is also projected. We often hear a schizophrenic say that the voices are saying: "He is crazy; he is insane", etc. The theoretical

¹ Tausk, Viktor: *Über den "Beeinflussungsapparat" in der Schizophrenie*. Int. Ztschr. f. Psa. V, 1919. (Trans. PSA. QUARTERLY II.)

² Schilder, Paul: *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage*, 102.

³ Schilder, Paul: *Zur Pathologie des Ichideals*. Int. Ztschr. f. Psa. VIII, 1922.

explanation of this projection of the super-ego has already been given in our discussion of ideas of persecution. The super-ego is, after all, an introjected object. In the delusional state the latter is regressively put back in the outer world. The normal super-ego is as a rule an introjected object of the same sex, the relation to it maintained by desexualized libido, which was originally homosexual. The same is true of the cathexis of the so-called social instincts which originally was in large part homosexual. The marked increase of homosexual tension in schizophrenics causes a re-sexualization of the desexualized social and super-ego cathexes; this is true either because the homosexuality is reached as a midpoint between heterosexuality and narcissism on the regressive road of withdrawal of libido, or because it is reached as the result of an attempt to recapture the object in the process of restitution which follows the regression to narcissism. Long before realizing the presence and meaning of the super-ego, Freud wrote: "Ideas of reference represent conscience in a regressive form; they disclose its genesis and why the patient rebels against them."¹ Thus the struggle against the super-ego, which is projected in the form of delusions, is in principle the same as the struggle against a "compulsion to love" which one finds in delusions, i.e., it is a struggle against the subject's own homosexuality. "It is due to the fact", Freud writes, "that the person desires to be rid of all these influences, beginning with those of the parents, and withdraws his homosexual libido from them."² But in this matter it is not merely defense against homosexual temptations, through further regression and complete loss of the object, that determines this manifestation. The form taken by the attempt at restitution, which follows upon the loss of the object, as has been repeatedly mentioned, also plays a fundamental rôle. The super-ego, the part of the psyche which copies external objects, represents that part of the psychic apparatus which is, so to say, closest to being an object.

¹ Freud: *Zur Einführung des Narzissismus*. Ges. Schr. VI, 180. (Trans. in *Coll. Papers IV*, 53.)

² *Ibid.*

The super-ego is in a sense half ego and half outer world. Hence its functions are the ones which most readily appear invested with a secret sexual meaning, when, following the narcissistic regression, the patient turns back again with his desires to the objective world, without being able to regain it.

A patient, whose rapidly developing hebephrenia I had the opportunity to see, showed especially clearly the phenomenon described above as "clinging for fear of losing the object". He tried to inveigle everyone, even those who were indifferent to him, into long conversations, only in order to create for himself the feeling that he still had some internal relationship with people. At the same time it was clear that while he had lost all other object relationships, his "social anxiety", the projection of his super-ego, had become more accentuated. As far as other people were concerned, he wanted only to know what they thought of him, what their opinion was about him, whether he was doing the right thing. He finally developed ideas of reference. This case left no doubt that in his desire for object relationships, he was unable to attain more than "super-ego relationships".

Freud once studied the remarkable way in which schizophrenics use words: "Their expressions are usually careful, they are carefully selected. Their sentences undergo a special disorganization of structure so that we are unable to understand what they mean." "In schizophrenia words are subjected to the same process which makes manifest pictures of the latent dream thought; they are subjected to what we designated as the primary process."¹ We find also in compulsion neuroses and in stammering an accentuation of the function of speech.² But in these conditions the conscious over-emphasis of words serves as a substitute for repressed emotions, and the neurotic symptoms which indicate that words become recipients of the feelings belonging to the object, demonstrate the existence of unconscious object representations. In schizophrenia these object representations were lost and the patient attempts to regain them. Freud explains the remarkable verbal behavior of schizophrenics by the hypothesis that the schizophrenic, in his attempt to regain the objective world, regains something but not all that he wants: instead of the lost

¹ Freud: *Das Unbewusste*. Ges. Schr. V, 511-513. (Trans. in *Coll. Papers* IV.)

² See the appropriate chapters in this *Outline*.

object representations he succeeds only in recapturing their "shadows", i.e., the word representations, and the loss of the object forces him to use them as substitutes for the object representations, and treat them in the same way as the neurotic treats the object representations.¹ In our opinion, the schizophrenic handles the over-accentuated super-ego functions in the same way as he handles words: these functions are also the shadows of the object world which he lost. The feeling "everybody looks at me" is thus the expression of the striving to regain a relationship to all objects. The erotization of the super-ego functions is found not only in ideas of reference, but in various symptoms. Freud sees in it the root of the systematization of paranoid trends.²

The litigious type of delusion has not till now been the subject of special psychoanalytic study. Its narcissistic nature is quite evident, for this type of patient considers the external establishment of his own integrity and innocence as the most important thing in the world. As this procedure is carried out by conflicts with courts and similar authorities, it is a natural suspicion that this type of delusion is related to delusions of reference, and here too there is projection of the super-ego, particularly in its critical and punitive aspects. However, the salient feature in such cases is the hostile attitude of the ego, inflated in its own estimation because of the narcissistic regression, towards the projected super-ego. This hostile attitude is rationalized, in keeping with the paranoid tendency to systematize. The rationalization again proves that the projection is not hit or miss, but occurs in the field in which reality meets the projection half way. The litigious schizophrenic sees the mote in his neighbor's eye. The type of defense known as "displacement to the minute", which is so characteristic of the primary process, is nowhere so evident as in these cases of litigious delusions, and was described long before the

¹ Freud: *Das Unbewusste*. Ges. Schr. V, 516 ff. (Trans. in *Coll. Papers IV*, 133.)

² Freud: *Zur Einführung des Narzissismus*. Ges. Schr. VI, 181. (Trans. in *Coll. Papers IV*, 54.)

advent of psychoanalysis. However, in that description the "big" thing from which it was displaced was not recognized.¹ In such cases a narcissistic conflict must be present between the ego and the super-ego, which is lived out in the environment by way of projection. The process has a double meaning: as in delusions of reference, there is a sexualization, a mobilization of latent homosexual content of "guilt" and "punishment". In this respect, the patient's need for an external ratification of his innocence is an attempt to defend himself from his own homosexual impulses, and the fight to obtain this victory is a reactivation of the homosexual conflict, which returns from repression. As in the case of ideas of reference the conflict about homosexuality may mark an intermediary step in the process of regression to narcissism, or it may be the result of the attempted restitution following this deep regression. In the second place, the persistent feeling, "People wrong me; I am not guilty" must be a projected defense against the opposite feeling: "I am guilty". It is an attempt of an ego, which has regressed to the primitive narcissistic ego-feeling of a little child, to account for a severe and totally unconscious sense of guilt; which ultimately may represent a continuation in a narcissistic setting of an old conflict with the father that is again placed back in the outer world: in other words, authorities are fought as the father was fought in childhood. We can summarize our views as follows: we deal here with a projective defense against a regressively erotized sense of guilt.

A case, of which the analysis was unfortunately not thorough, demonstrated that all of the patient's fights with authorities were intended to prove only that his father had done him an injustice. This patient was brought up by his father alone, the parents having been divorced when the patient was five years old. What the patient wanted to prove in court was that his father had wronged him by depriving him of his mother. All through his childhood, the patient's mother was engaged in many litigations with the father. It appears then that the litigious drive of the patient represented an identification with his mother, that there was an unconscious homosexual element in the patient's reproach of his father:—the father had deprived him of his mother, but then though living alone with the patient, he had not put the child in his mother's place. He had, in other words, treated him and his mother equally badly.

¹ Freud: *Das Unbewusste*. Ges. Schr. V, 502. (Trans. in *Coll. Papers* IV, 119.)

Later in the analysis it was learned that the actual precipitating factor of the divorce was a quarrel between the parents as to how the patient should be brought up. Father and mother competed for the child's favor, each irritating the other. The child took an active part in many of these intrigues. The sense of guilt for these oedipal transgressions was not to be seen in the external clinical picture of our patient. The tremendous spoiling he received, which made it possible for him to preserve his primitive narcissism and face the world with the feeling that he was the most important person in it, in turn enabled him to project his guilt. He felt no guilt, but only on condition that his attitude in the legal issues was sustained by the environment: for him this proved the falsity of the idea that he had wanted his mother's ejection from the home. His father alone was guilty; no sin of his own, conscience would have him believe, had made him unworthy of his father's affection; it was the father's arbitrariness, to him and to the mother alike, that makes him think himself unloved. All authorities are obligated to prove this to him.—A second case of a similar nature is of the type known as "exceptions".¹ All institutions were for her the personification of fate, and she demanded that they give her satisfaction for all the narcissistic injuries of her childhood. This patient, too, felt unconsciously guilty for all these injuries, and she protected herself against her sense of guilt by means of a projection.

In our discussion of the unconscious content and mechanism of the delusions that ward off homosexuality, we spoke for purposes of simplification of masculine homosexuality only. However, the sex of the individual seems to make no material difference in this problem. Jealous and erotic delusions in women have a psychological structure analogous to those of men. We could easily substitute a "she" for a "he" in our discussion of the problem.² Thus in the case of pathological jealousy in a woman, thoroughly analyzed by Ruth Mack Brunswick, the conflict in regard to homosexuality followed the same lines as those outlined by Freud for men.³

There is probably a close parallel between the structure of delusions of persecution and delusions of reference. A case in which a paranoid woman, in apparent contradiction to the general theory, believed herself persecuted by a man, was

¹ Freud: *Die Ausnahmen*. Ges. Schr. X. (Trans. in *Coll. Papers* IV.)

² Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 416. (Trans. in *Coll. Papers* III, p. 450.)

³ Brunswick, Ruth Mack: *Die Analyse eines Eifersuchtswahnes*. Int. Ztschr. f. Ps. XIV, 1928.

shown by Freud, in reality, to be following the rule, for the man was a screen for a woman.¹ Yet various writers express the opinion that the analogy as far as this point is concerned is of doubtful validity and that homosexuality need not play so cardinal a rôle in schizophrenic women, so that the heterosexual persecutor may very well really be heterosexual.² However, as far as the fundamental nature of the psychosis is concerned—the regression to narcissism and its consequences—there is no difference between men and women.

To the formulas: "I do not love him because I hate him", or "because she loves him", must be added the general formula which expresses the fundamental schizophrenic process, that is, the narcissistic regression: "I do not love him, because I do not love anyone at all, because reality, in which temptations lie, is something I turn away from." The symptoms which directly express this regression have been enumerated. Among these is the feeling that the world is coming to an end, as expressed by Schreber, which is a simple projection of the intrapsychic perception of the loss of the object world. Bibring pointed out there is also a "partial end of the world", a delusion that some one is dead, which is a statement of the correct intrapsychic perception that the patient has withdrawn his libido from that person.³ The world becomes vital and significant only when it is invested with libido. When a schizophrenic complains that the world seems "empty", "meaningless", "monotonous", and that he feels as if something were changed, as if people were fleeting things,⁴ and when he states that he feels perplexed and abandoned in this new world, he reflects

¹ Freud: *Mitteilung eines der psychoanalytischen Theorie widersprechenden Falles von Paranoia*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

² Bibring, Edward: *Klinische Beiträge zur Paranoiafrage I. Zur Psychologie der Todesideen bei paranoider Schizophrenie*. Int. Ztschr. f. Ps. XIV, 1928, and Sauvage-Nolting, W. J. J.: *Über den Verfolgungswahn beim Weibe*. Int. Ztschr. f. Ps. X, 1924.

³ Bibring, Edward: *op. cit.*

⁴ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 368 and 422. (Trans. in *Coll. Papers* III, 400 and 456.)

in all this the withdrawal of his libido from objects. The same thing may be expressed in a more attenuated or localized, manner, as by depersonalization, and more intensely, or completely, by a catatonic stupor.

It might be objected that libido is always withdrawn from reality following disappointing experiences, and that since this is true of normal as well as neurotic persons, it is not justifiable to consider such a withdrawal as a characteristic of the schizophrenic psychosis. But to recall what was said in regard to the withdrawal from reality in neuroses: this withdrawal was a turning to phantasy, a process called introversion. The place of the real objects, from whom the patient turned in disappointment, was taken by the phantasy objects of his childhood life. In other words, the orientation to objects was preserved. The patient declared his independence of reality, but supplanted it by phantasy, but he did not in fact free himself from object representations. There is not a complete withdrawal of the libido into the ego. As Abraham, in his first communication dealing with this problem,¹ definitely pointed out, the differential point between neurosis and psychosis depends on whether, in the process of withdrawal from reality, the object representations were preserved. The schizophrenic abandons the object cathexes and supplants them by narcissistic cathexes. At the same time it is characteristic of schizophrenia (in contradistinction to manic-depressive psychoses) that despite special emphasis on certain erotogenic zones (fæces, buttocks) the withdrawal of the libido is relatively diffuse.

Against such formulations the psychiatrist might contend that to say the schizophrenic has no phantasies about objects is untrue. A cursory visit to any mental hospital will prove just the opposite. Schizophrenics display their interest in objects at times in quite an extraordinary fashion so that the visitor may himself be involved in their transference reactions, whether tender, sensual or hostile. But this disorderly and

¹ Abraham, Karl: *Die psychosexuellen Differenzen der Hysterie und der Dementia praecox*. Zentralbl. f. Nervenheilkde. u. Psychiat. XIX, 1908. (Trans. in *Selected Papers*.)

intense type of reaction would dispel the apparent contradiction to our analytical theory: the flighty and unreliable nature of these transference reactions and phantasies give the impression that these patients, leaving for a moment their narcissistic state, are attempting to regain contact with the objective world, but that they do this only in abrupt attacks, and for a very short time. The remarkable tension of their effort, also, as has been shown, is due to their fear of completely losing objects. We must, therefore, introduce more precision into our theoretical formulations. It would be wrong to state that schizophrenia represents a complete narcissistic regression; that is possibly true of a catatonic stupor only. More accurately, we should say: the psychological process that leads to the development of a schizophrenic psychosis begins with a narcissistic regression, and the psychosis consists partly in the manifestations of this regression and partly in expressions of the attempts of the remaining, objectively oriented part of the personality to counteract the process of regression.¹ A certain part of the symptomatology of schizophrenia, and possibly the most conspicuous, appears to correspond to this attempt at restitution, the propensity to rebuild the object world which was lost. It was pointed out that this restitution process manifests itself in the way in which the patients use words and the way in which they sexualize the super-ego functions. We may add that Jung, in his first work on schizophrenia, recognized in schizophrenic stereotypy the morbid attempt to regain or hold on to the object relationship which was slipping away.² Moreover, hallucinations are essentially reconstructions of a world which was lost; and the numerous and manifold sexual expressions of schizophrenics—a mixture of manifestations arising from any level of libido development, including of course the œdipal—appear to be such attempts at restitution. As Radó

¹ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 423. (Trans. in *Coll. Papers* III, 458.)

² Jung, C. G.: *Über die Psychologie der Dementia praecox*. 1907. (Trans. in *The Psychology of Dementia Praecox*.)

has said on occasion, the attempt at restitution is initiated by impulses that are oriented towards objects, in other words by the id, and these impulses, and not the environment, oppose the narcissistic process. Important elements in the conflict are the secondary points of fixation, which are found in the patient either as a result of constitutional factors, or of childhood experiences.¹ We must now meet the following possible objection to our concept: it might be said that if the narcissistic regression takes place first, and if all schizophrenic symptoms related to objects are to be considered a reaction against this regression, then every psychosis would begin with the feeling that the world is coming to an end and with hypochondriasis, while such symptoms as hallucinations, delusions, and expressions of infantile sexual object relationships would appear only subsequently. Undeniably this is actually the course of a great many schizophrenic psychoses. But even the less frequent cases, in which the psychosis begins with an insidiously developing delusional system, do not essentially contradict our theory, for the loss of objects need not be abrupt and complete. There are quantitative oscillations between the gradually progressive renunciation of the object world, which in time extends to all parts of the personality, and the corresponding swings in the direction of restitution; so that the ostensibly first symptom to appear may be due to the attempt at restitution, though this is actually preceded by the comparatively unnoticeable renunciation of the object world.²

To give a more systematic summary of what has been said, let us now return to our original formula, which reads: the psychosis is a break with reality. We may describe this state of affairs from two different angles, and depending upon the purpose, one or the other might be preferable. We might, in imitation of Freud, see in it the fundamental contrast between

¹ Freud: *Neurose und Psychose*. Ges. Schr. V (Trans. in *Coll. Papers II*), and *Der Realitätsverlust bei Neurose und Psychose*. Ges. Schr. VI (Trans. in *Coll. Papers II*).

² See Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 425. (Trans. in *Coll. Papers III*, 460.)

neurosis and psychosis,¹—in a conflict between the id (an instinctual impulse) and the outer world (a frustration) the neurotic's ego turns against the id and obeys the outside world by instituting a repression. On the other hand, the ego of the psychotic breaks with the outside world which limits his instinctual freedom. However, one would be rather reluctant to conclude this statement with the phrase "and the ego takes the side of the id". For though this may be true of some psychoses (amentia), in the majority of cases the impression is gained that the break with reality serves the purpose of combating the sexuality which is directed towards objects, and that reality is repudiated not only because of its frustrating effect, but also because it holds a temptation (e.g., ideas of persecution). Freud has since emphasized² that this contrast is only schematically correct, for neurotics too, for example, in denying the absence of a penis in women, may similarly show traces of breaking with reality; and that psychotics also have counter-cathexes against the id. One might also point out the common traits of neuroses and psychoses, since, in both, with the reactivation of infantile conflicts there is a regression to earlier stages of development. We must remember, however, that the regression of the psychotic is much deeper: a level is reached at which the ego and its reality-testing function have not yet been formed.³ These two points of view are easily and completely reconcilable. We may well believe that an especially deep regression would make it particularly possible to break away from reality, and permit the ego to return to its original undifferentiated state and thus entirely or partly return into the id, where there is no knowledge of objects or sexuality relating to them. The ego is a product of differentiation from the id which serves to maintain its relationships with the outside world. Hence, no break with reality is possible unless the ego is impaired; there

¹ Freud: *Neurose und Psychose*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

² Freud: *Fetischismus*. Ges. Schr. XI. (Trans. Int. J. Ps-A. IX.)

³ Freud: *Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia*. Ges. Schr. VIII, 424 f. (Trans. in *Coll. Papers* III, 458 f.)

can be no "return to the time of or before the formation of the ego" unless the relationship to the outside world is impaired.

Taking into account our statements as to the meaning of the tendency to restitution, we may say, following Freud,¹ that the break with reality represents the initial stage in the development of a psychosis. This is followed, as was stated, by a second stage, induced by that part of the id that needs objects for its gratification, a stage in which a new reality is constructed. The analogy with the neurosis is evident, since the first step, the repression of the id, is followed by a second step in which the id, against the will of the ego, endeavors to accomplish its own ends. Despite this analogy, as Freud pointed out, there are two characteristic differences:—(1) In the neurosis it is the second step—the return of the repressed from repression—that is of more importance in producing the illness; in the psychosis, it is the loss of reality that causes the pathological result. (2) In the neurosis, it is the id, from which the ego has been protected, that asserts itself against the ego by means of the second step; in the psychosis, it appears to be the case that the parts of reality that were rejected reappear in spite of the ego's objection (the behavior of the patient in relation to objects offers proof of this fact) as delusions and hallucinations, but the ego here endeavors, in the same way as the id in the previous case, to create a new reality that will suit it. In normal persons the relations with reality do not depend on memory images alone, but require a supply of new perceptions; for the psychotic, the hallucinations are the substitutes for such perceptions and similarly maintain the relations with the newly created reality. Freud offered the suggestion that the anxiety which so frequently attends these hallucinations is due to the disturbance of the ego caused by the reappearance in them of part of the reality that was repudiated, as in the neuroses the anxiety is due to the reappearance of similarly repudiated parts of the id.²

¹ Freud: *Der Realitätsverlust bei Neurose und Psychose*. Ges. Schr. VI. (Trans. in *Coll. Papers* II.)

² Freud: *Der Realitätsverlust bei Neurose und Psychose*. Ges. Schr. VI, 412 f. (Trans. in *Coll. Papers* II, 280.)

It is important to bear in mind, in speaking of a rejected part of reality, that the break with reality need not take place with abrupt completeness, as it does in certain "world-destruction" fantasies, but is more usually partial. This is particularly evident in the paranoid cases with insidious onset and development, in which, as Freud says, the delusion appears as a patch on an otherwise intact personality, set at the place where there was a rent in the relationship to reality.¹ When schizophrenias progress through a series of intermittent advances, as is frequently the case, it may be that the gradually progressive loss of reality is interrupted by repeated attempts at restitution.

Every stage in the evolution of the libido between narcissism and genital primacy is represented in the symptomatology of schizophrenia. Symptoms deriving from every stage in development constantly make their appearance, in settings that are difficult to give a dynamic or economic interpretation:—autoerotic activities of all varieties, feeding difficulties ranging from refusal of food to bulimia, primitive manifestations of anal eroticism, incontinence, smearing and coprophagia, primitive forms of expressing relationships with objects such as incorporation, which as we have seen may give rise to certain delusions, and with this the propensity to make identifications, a tendency so characteristic of schizophrenia that this mechanism was first described in a schizophrenic case,² although the pathognomonic narcissistic regression is diffuse and identification not so essential as in the depressions. In addition, crude manifestations of the œdipus complex are so conspicuous that they arrested the attention of the psychoanalysts who first studied this psychosis.³ However, genital impulses appear to be present in constant competition with the pregenital ones, so that the primacy of the genital, in spite of the frequent occurrence of real incestuous events, does not appear to have

¹ Freud: *Neurose und Psychose*. Ges. Schr. V, 420. (Trans. in *Coll. Papers* II, 252.)

² Landauer, Karl: *Spontanheilung einer Katatonie*. Int. Ztschr. f. Ps. II, 1914.

³ Jung, Carl G.: *Der Inhalt der Psychose*. Kogan, I. M.: *Äusserungen des Ödipuskomplexes bei Schizophrenie*. Int. Ztschr. f. Ps. XIV, 1928.

ever been very strong in the evolution of schizophrenics. Many, indeed, obviously did not reach the phallic level, properly speaking.

All these manifestations that stem from the past development of the patient may be set in motion along with the trend towards narcissistic regression (as the castration fear in compulsion neurotics is) or during the attempted restoration of the genital primacy. The most interesting symptoms among these are the ones that originate from the earliest stages of development, for these furnish the proof of the true depth of the regression. Many oral and anal schizophrenic symptoms leave no doubt of their origin during the early period of nursing. As we stated, Tausk reported that numerous schizophrenic symptoms originate in the period when the ego discovers itself and the environment—contemporaneously therefore with the period of nursing.¹ Thus, as Tausk says, the passivity feelings in regard to the patients' own actions, as attested by statements that they are forced to perform certain motions, or think certain thoughts ("They are put into my head") are all correlated with a primitive stage in the development of the ego, as are magical modes of thinking, and belief in the omnipotence of words or gestures.² Other typical schizophrenic behavior, such as negativism and automatic obedience, which is not immediately obvious as a manifestation of the nursing stage, nevertheless beyond question is archaic and primitive, and betrays a deep (oral) ambivalence to the universe of objects. Automatic obedience may correspond to a regression to processes described in infants by Bernfeld as "fascination".³ Certain symptoms, for example, catatonic postures and movements, suggest that there might be a regression to the period of intrauterine existence.⁴ This ontogenetic plausibility agrees

¹ Tausk, Viktor: *Über den "Beeinflussungsapparat" in der Schizophrenie*. Int. Ztschr. f. Ps. V, 1919. (Trans. PSA. QUARTERLY II.)

² Ferenczi, Sándor: *Entwicklungsstufen des Wirklichkeitssinnes*. Int. Ztschr. f. Ps. I, 1913. (Trans. in *Contributions to Psycho-Analysis*.)

³ Bernfeld, Siegfried: *Über Faszination*. Imago XIV, 1928.

⁴ Tausk: *loc. cit.*

with phylogenetic considerations. After the removal of inhibitions normally present, older types of motility make their appearance as catatonic motor activities, certain stereotypies and bizarre attitudes. Certain forms of psychogenic tic depend upon a relative independence of the organ-libidinal cathexis of bodily memory-traces.¹ In catatonia and the stereotypies the same underlying process occurs but is incomparably more intense.

To summarize, as we did for the neuroses, we may regard the process as beginning with an external precipitating factor. This factor may present various forms, as in the neuroses, and is similarly governed by the same rules as the "external frustration" in neuroses.² These are: a quantitative increase of libido tension ("dementia præcox" frequently begins at puberty), all sorts of real disappointments, all circumstances which are liable to stimulate repressed infantile sexuality, particularly homosexuality and anal eroticism;³ and everything that appears to confirm the justifiability of infantile fears. The consequence of these precipitating factors is at first the same as in the neuroses, a revival and intensification of infantile sexual impulses. From the point of view of ideational content, also, the reactions appear to be the same. The œdipus complex is here too the essential factor. Indeed, it appears as if a quantitatively intense fixation on the œdipus complex creates a predisposition to psychosis, and as a matter of fact, abnormal œdipal gratifications are found relatively often in the history of the schizophrenics. However, the genitality appears rather weak, and the œdipus complex built up on a pregenital foundation. The person's problem is how to defend himself against this reawakening of his infantile sexuality, and at this point the ways of neurosis and psychosis part. We pointed out that in contradistinction to the "inner frustra-

¹ See the chapter on Tic.

² See Feldmann, Sándor: *Über Erkrankungsanlässe bei Psychosen*. Int. Ztschr. f. Psa. VII, 1921.

³ Ferenczi described a case in which paranoid ideas appeared following an anal illness. See Ferenczi, Sándor: *Reizung der analen Zone als auslösende Ursache der Paranoia*. Zentrbl. f. Psa. I.

tion" in the neurosis, the psychosis "breaks with reality". We also conceived of this process as an attempt on the part of the ego to protect itself from the libidinal wishes by means of a deep regression to narcissism, to the period before the function of reality-testing was formed. Hence, in a psychosis, as compared with a neurosis, the regression goes to more archaic points of fixation. The problem of etiology thus becomes the problem of the origin and nature of the narcissistic fixation. We may first inquire, To which stage of development does this fixation correspond? Possibly to the earliest period of nursing, possibly to an earlier period. In theory, the narcissistic fixation should be explained, as readily as any later fixation, by our theory of the reciprocal quantitative relations of constitution and experience. But it must be admitted that as yet there are no concrete data concerning the constitutional factors or the personal experiences that enter into play at this level of development. For, narcissistic constitution, unlike other types of constitution, cannot be simply equated to an accentuation of a special erotogenic zone. It is related to, but not identical with, the oral constitution to be described in the chapter on the manic-depressive psychoses. And the important pathogenic experiences, though they may be assumed in theory, have never been made so probable in schizophrenia, through concrete findings, as in the manic-depressive states. Later, it will be shown that the pathogenic fixations of schizophrenia may tentatively be considered as related to a still earlier stage than those found in depressions,—i.e., using Abraham's classification, to the early objectless oral period, which precedes the oral-sadistic phase.¹ In the infantile anamneses of schizophrenia there may be characteristically no history of a single trauma in very early life, but a series of general impediments in all vital activities.² A corresponding situation is not to be found in the later life of schizophrenics as a constant occurrence. What occurs after the crucial regression can be easily understood in terms of the

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*. (Trans. in *Selected Papers*.)

² Schultz-Hencke, Harald: *Einführung in die Psychoanalyse*, 204 ff.

"second step" and the attempt at restitution. As to the ideational content, the later fixation points appear of greater importance and the psycho-economic relation here determines the manifest pictures and their changes.

The prognostic uncertainty of schizophrenia is due to the difficulty which we have in gaining exact insight into the play of the economic forces responsible for the psychosis. If a schizophrenic succeeds in reestablishing object relationships, it is still conceivable that the same person is liable to relapse if there are fresh precipitating events, because despite the recovery such as individual preserves his disposition to respond to disappointments with a loss of object relationships. We may also say that no matter how deep such a dispositional tendency may be, those environmental factors which are pleasant and attractive will influence the patient in the direction of health and those which are disappointing or lead him into temptation will be conducive of illness. It is for this reason that we find, particularly in the non-psychiatric literature, stories, sensational to be sure, but not entirely incredible of cases "cured through love".¹ Psychiatrists would be well repaid, even in cases where no contact appears possible, if they would adopt a patient and persistently amiable attitude. From this point of view, the statements of Hollós, concerning the approach to psychotic patients, are more instructive than many textbooks of psychiatry.²

The schizophrenias, or the schizophrenic states, have been roughly divided into paranoid, hebephrenic, and catatonic groups. The little which psychoanalysis can contribute specifically to the knowledge of these special groups has been mentioned above.

Our general discussion of schizophrenia was based in large part on the consideration of the paranoid form; we have discussed its mechanisms and the content of the delusions, so that here we may merely add somewhat to the consideration of

¹ See Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 186. (Trans. Coll. Papers IV, 58.)

² Hollós, István: *Hinter der gelben Mauer*. Berlin and Zürich, 1928.

its specific mechanism—namely, projection.¹ Projection is a special type of defense against instinct. The offensive instinct, of which the perception cannot be repressed, is perceived on other persons instead of in one's own ego. Occasionally this process occurs in other than paranoid schizophrenics, among normal and neurotic persons. As compared with other modes of defense against instinct, projection must be considered especially primitive, as is demonstrated by the partial confusion of the ego with things that are not of the ego, a confusion originating in the period before the limits of the ego were clearly defined. In agreement with this idea is the fact that projection is of great importance in shaping the archaic animistic cosmology of primitive peoples. Its prominence in paranoid schizophrenia is correlated with the depth of regression in this state. Projection shares its origin in the early period, before the ego is delimited from the rest of the world, with its counterpart, introjection—the executive mechanism of identifications. This explains why both projection and introjection are found in the narcissistic disturbances. We shall have the opportunity to point out later that the material basis of introjection is oral incorporation—the earliest form of object relationship. It would be natural to ask whether projection is not in an analogous way an archaic mode of expelling an object. The projection of *fæces* and buttocks, found in paranoid patients, appears to justify such an assumption, which is useful for theoretical purposes. However, it is hardly possible to decide clinically if a projection corresponds only to the expulsion of offensive objects by certain definite tendencies and emotional attitudes, which in the final analysis would be a defæcation or expectoration. Freud assumed the existence of the latter process (expectoration) in the stage which he designated the “purified pleasure ego”.²

¹ See also: Van der Hoop, J.: *Über die Projektion und ihre Inhalte*. Int. Ztschr. f. Ps. X, 1924, and Jelgersma, H. C.: *Die Projektion*. Int. Ztschr. f. Ps. XII, 1926. (Trans. Int. J. Ps-A. VII.)

² Freud: *Triebe und Triebschicksale*. Ges. Schr. V, 461. (Trans. in *Coll. Papers* IV, 78.)

More clearly understood is the economic function of projection. Its function results from the fact, as stated by Freud, that a human being possesses a protective layer to dampen stimulation that comes without (*Reizschutz*), but has no corresponding method of defense to use against stimulation from within; hence the tendency to project, to treat inner stimuli as though they came from without, in order that the same type of protection may be employed with them.¹ This defensive function is particularly evident in those cases of amentia or pathoneurosis where it is not quite possible to suppress the perception of some offensive quality of the ego, which is then perceived in other persons instead. A similar manifestation is also found in schizophrenia, when, for example, a patient who does not consider himself mentally ill, declares that another patient is "crazy". It was stated previously that a projection develops at those points at which reality is to a certain extent accommodating. The paranoid person may be considered particularly sensitized to perceive the unconscious of others, especially when such perceptions can be utilized to rationalize his own tendencies to projection.² In other words, he senses keenly the unconscious of others when this enables him to become deaf to his own unconscious. The psychoanalytic literature has not, to the same degree as the psychiatric literature, differentiated paranoia from paranoid schizophrenia. It is, however, not difficult to assume that the same essential mechanisms are operative in both conditions, except that in paranoia a more fortunate constellation of psychological forces permits a definite encapsulation of the pathological process. The relationship to reality here appears to be broken at a single point only, and the gap filled in by the delusion, and the crucial conflict localized through the formation of the delusion.

Hebephrenia is characterized by the complete absence of

¹ Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 217. (Trans. by Hubback, 34.)

² See Freud: *Einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V, 391 ff. (Trans. in Int. J. Ps-A. IV, and in *Coll. Papers* II, 236.)

conspicuous manifestations due to restitution, and a very gradual but inexorably progressive loss of the relationship with objects. This group includes persons with marked pregenital fixations who tend to escape all conflicts with the environment by withdrawing the appropriate object cathexes. Transitions towards hebephrenia are to be found among so-called chronic neurasthenics and generally inhibited people. The differential etiological criteria of these conditions is the depth of regression,—that is, whether the unconscious object relationships are preserved or not.¹ It may be that persons of this type with a pregenitally shaped œdipus complex and a tendency to turn against their own ego, when they reach puberty, find themselves unable to manage the increase of libidinal tension and develop hebephrenia.

An analyzed case reveals the etiology described, which characterizes chronic neurasthenia as well. As a child the patient had been a frequent witness of primal scenes, and had developed a sadistic conception of the sexual act, an identification with his mother and intense sexual fear even before the beginning of the phallic phase. The original reaction to the primal scene, great hostility to both parents, especially the father, was warded off by an increasing indifference to the world, as were the more superficial reactions, the identification with the mother and the passive homosexual inclinations. In the etiology of hebephrenia, as of the organ neuroses, a particular accentuation of an excessive, destructive rage must be distinctive.

Catatonia, of all schizophrenic manifestations, still presents to psychoanalysis the most obscure and perhaps the most interesting problems for study.² It is, so to speak, one step more complicated than hypochondria or the feeling of estrangement of organs. It appears at any rate to be a manifestation of the hypercathexis of muscle representations, which, after the ego has disintegrated, acquire a sort of independent significance. In psychogenic tic, it is possible to recognize that certain “narcissistic memory-traces”—that is, localized accumulations of organ libido in the muscular system—have become relatively independent of the total activity of the patient, and subse-

¹ See the chapter on Inhibited States.

² Cf. Nunberg, Hermann: *Über den katatonischen Anfall*. Int. Ztschr. f. Psa. VI, 1920.

quently seek an outlet. In tic it is evident that the discharge of this libido is in conflict with an opposed tendency that conduces to accumulation, but which in tic is circumvented through "short-circuiting".¹ Catatonic movements, for example, tic-like stereotypies, or particularly the symptoms known as "raptus", are doubtless due to a similar short-circuiting. Some stereotypies and bizarre behaviors permit us to recognize the purpose of this type of innervation, which became "automatized by organ libido". It is not uncommon for compulsive characters to smile in a friendly manner for purposes of protection, if they meet situations that remind them of some other situation unconsciously attended by anxiety. In a similar way, many instances of "stupid smiling" in catatonics, or many cases with a "splitting of affect from ideational content" are intended to deny or to divest of emotion undesired, gloomy or fear-producing ideas or delusions, often perhaps the idea of being mentally ill. Certainly, this attempt at self-protection appears to be unsuccessful; the typical catatonic mimetic facial gesture contains actions that are isolated from the total personality, or the "organ memory traces" of these intentions, which may be supposed to exist in the representation of the mimetic musculature.

In catatonic rigidity is reflected a conflict between the will to action and the defense against it, which is correlated with the ambivalent nature of the narcissistic level to which the patient has regressed. Ferenczi coined the remark that catatonia is really a cataclonia, a high frequency alternation of positive (i.e., action inciting) and inhibitory innervation impulses.² The noteworthy feature of this finding will be more evident to us if we refer to analogous processes in neurotic or normal persons. In the muscular spasms of hysterics there is also a struggle between impulses to move and inhibitive impulses. But in this instance, both types of impulse express an unconscious relationship to an object, and

¹ See the chapter on Tic.

² Ferenczi, Sándor: *Psychoanalytische Betrachtungen über den Tic*. Int. Ztschr. f. Ps. V, 1919. (Trans. Int. J. Ps-A. II; and in *Further Contributions*, etc.)

therefore take place with an intrapsychic cathexis of object representations, whereas in catatonia both processes are purely narcissistic. In normal persons also, the utility of the motor function is impaired by the conflict between impulses that are conducive to and those that oppose action, in the so-called "dystonic" symptoms, which may frequently be manifest as a simple hypertonicity. This normal state may be regarded as a prototype of catatonia. It is related to catatonia as the introversion of the neuroses is related to the narcissistic regression of schizophrenia.¹

We must now emphasize another circumstance that definitely restricts the probability of schizophrenia's being an absolute, though unique somatogenic phenomenon. According to all clinical experience the boundary between the normal and the schizophrenic is by no means a definite one. As in the case of neuroses, there exist mixed forms of schizophrenias and borderline types. Among these are persons who, without having a true psychosis, yet show single traits or mechanisms of a schizophrenic type. Such cases may very well coincide with those described by Kretschmer as "schizoid", but not necessarily, for we are referring not to the manifest picture but to the unconscious mechanisms. To this group belong the so-called borderline cases, queer psychopaths, and abortive paranoias, and particularly the many individuals whom one might call hebephrenoid personalities,—persons who as adults retain a large part of their primitive narcissism and pregenitality, and who tend to react to any frustration with a loss of object relationships. They occur usually in combination with depressions, hypochondrias, feelings of estrangement in the organs, and other signs of a narcissistic attitude. Such cases, which have also been called "schizophrenia mitis", are of much greater importance in psychoanalytic practice than genuine schizophrenias. In addition, despite the contention of some psychiatrists to the contrary, there are transitions from pseudo-hallucinations to real hallucinations and from phantasies to

¹ Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV, 1928.

delusions. In this connection we might call attention to Schilder's discussion of the transitions between images and perceptions.¹ As to "abortive delusions", we may refer to erythrophobia, in which there is a feeling of being watched by persons to see whether one will blush—a state of mind reminiscent of delusions of reference. Also, it is quite frequently impossible to differentiate between a very strong "social anxiety" and mild ideas of reference. Mechanisms that form delusions are also to be observed even when the capacity of testing reality is preserved; in such case the ideas that develop are immediately rejected by a critical judgment. From the psychiatric point of view, they are not delusions, but represent remarkable phantasies with the same ideational content as typical delusions, which under the proper circumstances, with minimal economic shifts, may develop into genuine delusions.

The critical judgment, which, at the onset, keeps watch over the paranoid ideas that are already present, was described by Freud.² In the analysis of schizoid persons, one hears not infrequently such expressions as the following one, made by a hypochondriacal patient: "I could now say that you put all my thoughts into my head. I know it is not true, and yet, I nevertheless feel as though my thoughts come to me from the outside."

Compulsion neurotics, it is well known, frequently suffer from the obsession of having committed a murder, and are compelled, therefore, despite complete contact with reality, to persuade themselves of the falsity of their obsessive conviction by means of neurotic ceremonials. Although an outspoken delusion that one has killed a man is quite different subjectively from an obsession with the same content, there are "schizoid compulsion neurotics" in whom the phantasy at times appears as an obsession, at other times as a delusion; for example, usually as an obsession but as a delusion under certain specific affective conditions.

Thus, a patient whose illness undoubtedly was a compulsion neurosis rather than a schizophrenia—although in some respects the clinical picture was defi-

¹ Schilder, Paul: *Wahn und Erkenntnis*. Berlin. 1918.

² Freud: *Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität*. Ges. Schr. V. (Trans. in *Coll. Papers* II.)

nitely schizoid—once left home in great excitement after a quarrel with his mother, and then began to wonder whether he had beaten her to death. Finally, the conviction that he had actually committed this act of violence prevailed; he went to the police, declared that he had killed his mother, and was himself convinced of the truth of his statement. After the policemen who were sent to his mother's house returned to the station and told him that it was not true and that his mother was alive, the patient slapped himself on the head and recalled that he had never really committed the alleged murder.

Some forms of belief in the omnipotence of thought and of what Freud once called "compulsion neurotic delirium"¹ are to be included among these transitional clinical states.

Many compulsions cannot, except through psychoanalysis, be properly differentiated from stereotypies, especially when they are "automatized", and are carried on without the conscious participation of the ego.² By means of psychoanalysis—using the relative amount of narcissism in a symptom as a standard—it is possible to make this differentiation, and distinguish a series ranging from compulsion neurosis through tic to schizophrenias. All these transitional forms indicate the kinship of neuroses and psychoses, and the justice of our contention that regression is at the bottom of the compulsion neurosis and schizophrenia alike, except that in the latter it reaches greater depths. If left alone, these schizoid persons may possibly develop later into schizophrenias, and this raises the question of the usefulness of prophylactic analysis in such cases.

Not very long ago it was considered incontestable that the psychoanalytic view on schizophrenia might be of great scientific importance, but that as therapy psychoanalysis was of no importance. Freud gave expression to this attitude by contrasting "transference neuroses" and "narcissistic neuroses".³ This contrast emphasizes the fact that psychoanalysis is based on the analyst's influence on the patient, that a certain degree of capacity to establish a contact with persons is required, which

¹ Freud: *Bemerkungen über einen Fall von Zwangsneurose*. Ges. Schr. VIII, 277 and 282. (Trans. in *Coll. Papers* III, 302 and 307.)

² Landauer, Karl: *Automatismen, Zwangsneurose und Paranoia*. Int. Ztschr. f. Ps. XI, 1925.

³ Freud: *Vorlesungen zur Einführung in die Psychoanalyse*. Ges. Schr. VII. (Trans. by Riviere, *Introductory Lectures*, etc.)

the narcissist is unable to furnish. Although all this is true, and it is impossible to conduct an analysis without a contact with reality (i.e., with the analyst), one would not take this extreme position today. The analytic effect on a schizophrenia or schizoid depends on the fact that the regression to narcissism is rarely complete. The analysis can utilize the residue of reality relationships that remains with the patient. It is self-evident that in a case of stupor we can do nothing else than begin with infinite patience and friendliness an attempt to establish contact, however fleeting, and it is quite clear that if such a contact is not established, all our endeavors will be futile. But not all schizophrenias are stupors. Nevertheless, we are well aware of the extraordinary difficulties presented in analyzing a schizophrenic as compared with a neurotic. It was emphasized that in the analysis of a compulsion neurosis, as contrasted with hysteria, not the essential part of the patient's ego, but only a definite part, is allied with the physician in the combat against the disease. In schizophrenia, this part of the ego is small to the point of disappearance, and what is worse, even this small remnant is completely unreliable. Moreover, we must state again that the assumption that narcissistic neurotics do not transfer their infantile conflicts on to their analysts is erroneous. They do, and in a stormy manner which occasionally leads to quite wild behavior. Yet these manifestations of transference are all unsubstantial. These patients tend to drop their relationship to the object. The most insignificant, totally unpredictable psycho-economic alterations, not only in the attitude of the analyst but something in everyday life, may lead overnight to a complete cessation of the transference. One never knows for how long a contact once established will be sustained. Once the process of losing the object has appeared, it is impossible, for a time at least, to go on with the work. The tendency of such patients to defend themselves against temptations which appear to them as dangerous, such as an intensified transference, by means of a narcissistic regression, is best seen in practice in cases of paranoia. A psychoanalysis of a paranoia comes to grief as soon as the analyst

becomes the "persecutor". Such cases, where there is a vacillation between narcissistic and transference attitudes, can be analyzed only while the patient happens to be in a transference phase, as some analysts have attempted in their work with catatonics. Because of the danger of possible raptus alone, the unpredictability of the patients' behavior, any systematic attempt to analyze schizophrenias would require that the patients be kept in an institution during an analysis. The problems that arise concerning the accommodation of the traditional analytic technique to this new clinical object—by building up, strengthening, or maintaining the object relationships, which in the neuroses are present from the start and on which the efficacy of the therapy depends—will be approached in a practically significant way only when mental institutions will include them in their research program. Though working in an institution where admission was exclusively voluntary, and which was consequently limited in its research opportunities, Simmel¹ has made very promising attempts in this direction.

Complete therapeutic successes were reported in individual cases of schizophrenia and paranoia, but as one reads these reports the impression arises that in these cases there was an especially favorable psychological constellation, rather than that the technique designed for object libidinally affected patients had been adapted in any essential respect to the narcissism.² In everyday analytical practice the problems arising from contact with schizophrenia mitis are of more importance than those arising from the treatment of the more pronounced psychoses. In this connection, it is clear from the very outset that the crucial factors are the psycho-economic conditions—the amount of object libidinal residual, and the intensity of the trend towards dropping object relationships. The contact

¹ Simmel, Ernst: *Die psychoanalytische Behandlung in der Klinik*. Int. Ztschr. f. Ps. XIV, 1928.

² See for example Bjerre, Poul: *Zur Radikalbehandlung der chronischen Paranoia*. Jahrb. f. ps. u. psychopath. Forschgn. III, 1912, and Brunswick, Ruth Mack: *Die Analyse eines Eifersuchtswahnes*. Int. Ztschr. f. Ps. XIV, 1928.

with reality must be protected, or rebuilt. All suggestions for modifying the technique in the therapy of the narcissistic neuroses amount to this statement. The general advice which Abraham used to give, was that in narcissistic cases one must try actively to establish and to keep a transference. One must, that is, not disturb this transference too soon by analyzing it, according to our practice in the analysis of neuroses. This advice is easier given than carried out, for under certain circumstances the analyst is unable to foresee and to evaluate the, objectively, very inconspicuous factors which disturb the transference. Moreover, it should not be forgotten that a transference relationship, which is becoming intense, may be felt by the patient as a temptation, and therefore become the provocation to a renunciation of the object. The advice not to analyze the transference can also not be accepted without reservations if one is to analyze at all, for an analysis without the analysis of the transference is an impossibility. However, it is to be admitted that many instinctual attitudes, whether expressed in the attitude to the analyst, or in real life, should not be analyzed at once and may be left to the last. On the whole, the opinion probably would be that an analysis of a schizophrenia should be divided into two phases; the first nonanalytical and psychagogic, with the sole aim of establishing and preserving a transference at all costs, wherein, that is, one should strive to make the psychosis as nearly like a neurosis as possible. This achieved, one may start with the second phase, which is that of an analysis *lege artis*. In actual practice these two phases will overlap in many ways. The preliminary period of "object-attaching" will follow nonanalytical lines and may serve at the same time to awaken insight into the fact of illness and encourage the desire to be cured. This phase will never fully be eliminated throughout the whole treatment. On the other hand, in certain particulars one may be able to start analyzing from the beginning. Bally correctly pointed out that the procedure tending to awaken and reënforce contact with reality need not be limited to the behavior of the analyst, but that often in discussing the current conflicts, rela-

tionships and attitudes of the patient, it is possible to underline the relationship to reality, and that it would be a real error in technique to give a narcissistic patient statements concerning symbols and complexes, so long as there is no "reality ego" which could understand, evaluate and utilize these interpretations.¹ Wälder demonstrated on a case of a mathematician that occasionally one succeeds in making the narcissistic attitude of the patient conform with reality, as it were, so that the patient's behavior remains relatively attached to an object.² Simmel, among various suggestions for the reënforcement of the object libido, demonstrated that the possibility of observing the patient's mental process not only during the analytical hour, but also his behavior in general in the hospital from day to day, and the possibility of influencing this general attitude by means of extra-analytical measures—an advantage hospital practice has over private practice—are of paramount importance in the treatment of psychoses.³

All these attempts may be summarized in theory in the formula, that in our introductory phase preceding the psychoanalysis proper (of which the duration may occupy most of the period of treatment) the important thing is to establish the patient's capacity to develop a transference to such an extent that it should be possible to demolish this transference subsequently by analysis without bringing about a narcissistic regression. The most difficult task is to estimate the "dosage" of this reënforcement to the transference. It should not be forgotten that too friendly an attitude on the part of the analyst might be taken by the patient's unconscious as a seduction into an object attachment (possibly a homosexual one), of which the patient is literally in terror, and from which he wishes escape through a narcissistic regression. The analyst, in dealing with

¹ Bally, Gustav: *Zur Frage der Behandlung schizoider Neurotiker*. Int. Ztschr. f. Ps. XVI, 1930.

² Wälder, Robert: *Über Mechanismen und Beeinflussungsmöglichkeit der Psychosen*. Int. Ztschr. f. Ps. X, 1924. (Trans. in Int. J. Ps-A. VI.)

³ Simmel, Ernst: *Die psychoanalytische Behandlung in der Klinik*. Int. Ztschr. f. Ps. XIV, 1928.

schizophrenic and schizoid patients, will have to steer between the Scylla of too impersonal an attitude, which leaves the patient in his narcissistic state and gives him no stimulus to turn towards the objective world, and the Charybdis of too friendly an attitude, which frightens the patient and drives him further into narcissism. In cases of slight—and as has been said not always predictable—oscillations, a transitory accentuation of the turning from objects may take place and the heretofore “healthy” schizoid individual may lapse into a psychosis. For this reason too psychoanalysis of schizophrenics with the patients in an institution is always preferable. A correct evaluation of the residual transference capacity and an estimation of the upper limits of the patient’s capacity to stand the strain are required for this procedure. Obviously, in episodic schizophrenics the analysis should be undertaken in the free intervals; it is also probable that from the therapeutic point of view this would be the most promising procedure. But here another difficulty arises: there are cases which during the free interval appear so well that it is impossible to say in advance whether this health would not persist of itself, and one would be reluctant to take the responsibility of provoking a possible fresh psychotic attack—which an analytical attempt might well do.

It is easy to see that an analysis of a schizophrenic is quite a different undertaking from the analysis of a neurosis. It is our opinion, however, that the difficulty of the problem should not prevent us from seeking the way to a solution. The fact that despite all other methods, schizophrenias are not improved, the conviction that the obstacles are all difficulties in technique, nevertheless that theoretically a (possibly) modified analysis is the appropriate therapy, and finally those cases (no matter how few in number) which have been reported as therapeutic successes—will give us courage to treat the psychoses psychoanalytically. Psychoanalytic psychiatry to-day is still a matter of the future. Everyone who analyzes psychoses is doing pioneer work. It is not to be expected that a new undertaking however promising will be one hundred per cent suc-

cessful. Whoever undertakes such work must know what he is doing. He will estimate the indications only after a precise evaluation of the psycho-economic factors in the individual patient and will be guided by necessary caution. The relatives should be warned about the doubtful nature of the prognosis and about the possibility of a new psychotic attack. In doubtful cases, the analyst, if he has the opportunity, should treat the patients in an institution, and finally he should bear in mind that the classical technique alone will not suffice, but that with the essential modifications already suggested, he must adapt the method to accommodate the conditions in the given case. With all these precautions, he may begin the actual treatment, achieve complete success in some cases, and from the rest he will at any rate learn a great deal.¹

In conclusion, it would be well to emphasize especially the scientific importance of the analysis of schizophrenias. Neuroses represent an unconscious regression to infantile sexuality, and the psychoanalysis of neuroses permitted us to recognize this regression. In the same way, the psychoanalysis of schizophrenias, which represent a regression to the primitive levels of ego formation, may teach us a great deal about the evolution of the ego and instruct us concerning some fundamental problems of human psychology.

¹ When this was written I had not yet seen the discussion on the psychotherapy of psychoses which was published in the *British Journal of Medical Psychology* X, 1930.

CHAPTER IX

THE MANIC-DEPRESSIVE GROUP

Manic-depressive psychoses form the second large group of mental disorders without discernible organic etiology. Quite early in the history of psychoanalysis, several contributions were made to the subject of these disturbances, but they were given systematic attention at a later date than the schizophrenias. The studies made have yielded much fundamental information with regard to the earliest evolutionary stages of the ego and libido; but as regards the theory of the disorder itself our knowledge is still incomplete, and many problems still await solution. At the beginning of the chapter on the schizophrenias it was stated that our exposition would necessarily be limited to the most essential issues. This same statement must be repeated here even more emphatically.

Many psychiatrists have believed that the manic-depressive psychoses are inherently incapable of being understood through empathy, and that these disorders therefore cannot be reduced to psychological terms. Indeed, this view was defended more tenaciously in regard to the manic-depressive psychoses than in regard to schizophrenia. Yet, somatic research has revealed as little in the way of positive findings for the one group as for the other. There are, indeed, only three considerations that caution us not to overrate the etiological importance of the psychogenic factors:—(1) The strict periodicity which characterizes the alternation of mood, particularly in the most typical cases; this periodicity appears to be independent of any external event and to indicate the operation of a biological factor. (2) In no other neurosis is there such definite evidence of hereditary transmission (the same state recurring in successive generations), which also indicates a biological basis for the reaction. (3) Even in cases where the course is not markedly periodic, the spontaneity of the mood alterations, which occur without apparent external precipitating cause, is against their being purely psychogenic. We hold, however, that all three

of these arguments need not deter us from studying the psychological aspects of this disorder. The periodicity, it is true, seems to be endogenous in origin, but *what* appears periodically might well be understandable in psychological terms. Heredity, too, though indeed more conspicuous than in the other neuroses and psychoses, is not an exceptional factor, but one operative in the other disorders as well, where its existence was no hindrance to study from a psychoanalytical point of view. Constitution and experience, as etiological factors, were seen to be terms in a summational series. Surely the manic-depressive disorders give us no reason to shift our point of view. The organic constitutional influence, which is undoubtedly present, need not be the sole determinant. Psychoanalytic study may well reveal that this constitutional influence is due to a relative predominance of a sexual component-instinct or of an erotogenic zone, as in the compulsion neurosis, where it was seen to be based on enhanced anal erotism. The third argument, that which emphasizes the apparent absence of precipitating causes for the mood swings, deserves more critical attention. Endogenous depressions, so called, have been distinguished from so-called reactive depressions entirely according to the presence or absence of a demonstrable precipitating cause. To us this criterion does not seem adequate, for it overlooks the existence of the unconscious. How, for example, would this method of differentiating stand the test if applied to hysterical seizures? Many of these appear to be brought on by immediate precipitating events, but many arise apparently spontaneously and without external reason; yet we do not distinguish "endogenous" and "reactive" hysterical seizures but assume instead that even the apparently spontaneous attacks have a precipitating cause that escapes the notice of the casual observer. The same may apply to depressions. In other neurotic disorders, we did not attribute the discrepancy between a slight provocation and an intense reaction to an organic factor which is inaccessible to psychological study. We merely regarded this discrepancy as the effect of displacement. It is to be noted, moreover, that many cases, which,

because of their severity and clearly psychotic nature, would have to be classified as "endogenous" have an entirely obvious precipitating cause, such as the death of a near kinsman or a disappointment in love; and on the other hand, there are many mild, assuredly not psychotic depressions that hardly exceed what would be called normal—bad humors, for example—for which neither the person affected nor an observer can specify a precipitating cause. It is obvious that the current tendency in psychiatry to consider as normal or neurotic those reactions which are empathizable, and as psychotic those that have no apparent precipitating factor, is wrong. We know that according to the general theory of the neuroses, there exists a summational series between external precipitating cause and deeply repressed unconscious cause. The same should hold good for the manic-depressive group: the person most predisposed to illness (a concept still awaiting clarification) as determined by his infantile sexuality, can fall ill from mild precipitating circumstances that are not readily observable; vice versa, one with relatively little predisposition will be made ill through severe and obvious circumstances. A psychological study must begin with cases that are readily understood, and it is a justifiable hope that the "endogenous" variety may prove to have a similar theoretical foundation—in the same way that the distorted and apparently meaningless dreams of adults are illuminated by the principles on which the undistorted and immediately intelligible dreams of children are based. The idea that an "endogenous" depression should be distinguished theoretically from the "reactive" depression arises solely because of undue attention to the manifest clinical picture, to which a psychoanalyst would hesitate to attribute too much importance.

We thus approach the problem of manic-depressive symptomatology with certain preconceptions that are opposed to the customary psychiatric tenets:—(1) Though anticipating that the organic substrate is possibly of more importance than in the neuroses, we expect to find no essential difference in principle between the two types of disorder in this respect, but, as in the neuroses, that this fact is due to the accentuation of a

particular erotism. (2) We also anticipate that the difference between "endogenous" and "reactive" forms will be purely quantitative, and not based on some fundamental difference. (3) Cyclothymia, so called, and the normal variations in mood represent steps between this neurosis and normality of the same order as those between other neuroses and normality or schizophrenia and normality; this is an argument in favor of the view that the manic-depressive state is a morbid outcome of something universally present. There are multifarious problems in normal psychology—for example, that of self-regard with its elevations and reductions (referred to sometimes as the "instinct for self-assertion", and the like), moods and humors, sadness and joy, the nature of grief—all of which find their travestied counterparts among the manifestations observed in the manic-depressive field. We may hope that the analytic understanding of manic-depressive psychoses will aid in solving these problems in the same way as the analytic study of the neuroses served to clarify the psychology of infantile sexuality, and the study of schizophrenia the psychology of the ego. To anticipate, we may record here the formulated result of psychoanalytic study: The ego of the depressed patient is at odds with its super-ego, as the neurotic's ego is with its id, and that of the schizophrenic with reality. Indeed the independent existence of the psychic agency known as the super-ego was first recognized by a study of depression. For the effectiveness of the super-ego's operation becomes definitely evident only when it is at odds with the ego, which, to be sure, is the case in all normal bad conscience and even more so in the compulsion neurosis—but which becomes evident to an extreme degree in the depressions. In other cases super-ego and ego are inseparably fused.

It is now plain that our points of departure in this exposition will be:—(1) those compulsive symptoms that we designated the manifestations of the "double front" of the ego in the compulsion neurosis, where the ego, in combat not only with the id but also with the super-ego, must erect a counter-cathexis against this part of the personality too; (2) all those

neurotic phenomena in which, due to narcissistic regression, conflicts between the individual and objects are transposed into his psyche, where they continue in the form of conflicts between the ego and the super-ego, or the ego and certain organs—as in hypochondriasis, narcissistic organ-neuroses, and many pre-genital-conversion and schizophrenic symptoms.

The basis of our knowledge of the psychology of the depressions may be found in a few individual publications, which are mutually supplementary and form so continuous a series that it will be best to proceed with our exposition historically, and review the contents of these publications. Two important papers by Abraham¹ were followed by Freud's essay, *Mourning and Melancholia*,² which contained the formulation of fundamental concepts that in turn were elaborated and extended by Abraham;³ finally, a publication by Radó⁴ brought the solution of certain important and pertinent problems that were still unsolved. We shall begin our discussion of these publications with the topic of depression. We shall keep in mind the fact that the severe sense of guilt, even in its manifest clinical appearance, is immediately an evident pathological conflict of conscience; and that the theory which claims that this conflict may be a regressive reflection of a conflict with the environment—a theory advanced by Abraham and Freud after much arduous study—is at our disposal, since this hypothesis is derived from our consideration of other classes of neuroses.

Abraham's first-mentioned publication reported a fundamental discovery that has been corroborated by all subsequent work in this field: the signal rôle which ambivalence plays in the mental life of the depressed patient. In the compulsion

¹ Abraham, Karl: *Ansätze zur psychoanalytischen Erforschung und Behandlung des manisch-depressiven Irreseins und verwandter Zustände*. Zentralbl. f. Ps. II, 1911. And: *Untersuchung über die früheste prägenitale Entwicklungsgeschichte der Libido*. Int. Ztschr. f. Ps. IV, 1916. (Trans. in *Selected Papers*.)

² Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers IV*.)

³ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*. Vienna: Int. Ps. Verlag, 1924. (Trans. in *Selected Papers*.)

⁴ Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. Int. J. Ps-A. IX.)

neurosis, too, the ambivalence is striking. But the influence of ambivalence in depressions appears to be incomparably greater than in compulsion neuroses; the quanta of love and hate that coexist appear to be more nearly equal. Depressive patients cannot love, in the proper sense of the word. Either they develop, simultaneously with love, a manifest hostility to the object of their affection, or more often a so-called paralysis of the ability to love, which is correlated with a suppressed hostility. Inability to love because of ambivalence means, theoretically, an early fixation; for it is in the pregenital relationships with objects, of which the instinctual aim is their incorporation, that love and hate exist still inextricably united. The greater ambivalence in depressions as compared with compulsion neuroses may be correlated with an earlier fixation; this assumption leads us at all events to the question of the difference in the fixations that respectively determine the development of a depression or a schizophrenia, since both of these disorders appear to be more narcissistic than the compulsion neurosis. Abraham's study of the precipitating factors of depression demonstrated the intimate connection of ambivalence and depression. For the precipitating event, whenever he could determine it, was either the real loss of someone's love, which by its nature increased the patient's feeling that he was unable to love, or it was some particular incitement to love—an engagement, for instance—which was suited to bring home to the patient his incapacity for loving. The death of a person who was loved in an ambivalent way—the starting point for so many depressions—proved to be a provocative event especially apt to activate ambivalence and the inability to love, for it provides an opportunity for the patient to be more nearly confronted by the old wishes to kill the object that was unconsciously hated; it provides, that is, an occasion for regressing to an ambivalent stage in the development of the libido. This corroborates Abraham's formulation, that depressions always have as their origin "a hostile orientation that paralyzes the faculty of loving". His statement, that the depressive feeling "I am hated" is a projection of the inner perception "I hate", will also surely hold true in many cases.

In a cyclothymic patient, the depressions could be traced back to a feeling she had in her childhood that no one cared for her. As the patient progressed in her analysis, she came to realize that this feeling did not correspond to the actual circumstances of her life. It was her own hostility, especially her hostility to her three-year-younger sister, which had made her interpret privations, which any other child would have taken for granted, as evidence of the environment's antagonism to her.

However, in our opinion, the feeling of being universally hated occurs in cases representing transitions in the direction of delusions of persecution; the classical depressions tend to feel that they are not hated as much as they should be, and that their depravity is not sufficiently seen by others. The characteristic position here is not so much "Others hate me" as "I hate myself". The depressed patient obviously can love himself no more than he can an external object. He treats himself with the same ambivalence as he treats his objects. The feeling of being hated is perhaps more often a consequence of the original feeling that corresponds to his own hostility turned against himself. We may provisionally accept the formulation: "I note that I cannot love and I therefore hate myself". The depressed patient is as ambivalent to his own ego as he is to objects, but the two components of the ambivalence are stratified differently: in relation to objects, the love impulses are usually the ones that are manifest while the hate is unconscious; in relation to his own ego, it is the hate that becomes vociferous—as self-reproach—while the primary narcissistic overestimation of his ego remains concealed. The depressed patient really behaves very arrogantly and he has no appreciation of how much he inflicts himself upon his objects; however, this characteristic was only discovered when depressive patients came to analysis. The latent affectionate attitude to his own ego is correlated with a latent sadistic attitude to the environment. For in point of fact, the depressive patient, who implores so much to be pitied, succeeds in tormenting greatly the persons in his vicinity. In this phenomenon, the operation of a masked sadism is more readily evident than in any other. Extensive clinical experience leads to the belief that the instinctual source of this type of masked sadism is the oral erotogenic zone. To be better understood, the

form assumed by the self-hate must be taken into account. The self-hate occurs typically in the form of a sense of guilt, a discord between the ego and the super-ego. Abraham at the time mentioned that the self-hate represented a turning into masochism of the sadism originally directed to objects. This statement contains a profound observation, but, at the time, the mechanism of this turning (introjection) was not known. Abraham was also correct in interpreting the depressive fear of poverty as an expression of the patient's realization that he is incapable of loving—that is, of the impoverishment of his libido; Abraham was not then aware that this mode of expression betokened the anality that is of so much importance in the psychology of the depressions. It is this anality, we may say, anticipating our discussion somewhat, that provides the answer to the question of the relationship of the manic-depressive state and the compulsion neurosis. Both are based on anal instinctual conflicts, but in the depressions there is an additional factor, in that the regression is deeper. To recapitulate, we have so far been able to specify two basic features of every depression:—(1) increased ambivalence (intensified sadism, probably oral); and (2) a turning of the sadism against the ego (regression to narcissism).

Abraham's second paper¹ appeared after Freud had meanwhile recognized and described the anal sadistic and oral levels of libido organization.² In this paper, Abraham records his discovery that in the depressions oral eroticism is enormously increased. The orality is obvious even in the commonest symptoms. The refusal to eat is not only the most widespread clinical symptom of melancholia—it is an intelligible concomitant of every depression. Occasionally this symptom alternates with bulimia. Of bulimia we may say that it appears to be a

¹ Abraham, Karl: *Untersuchungen über die früheste prägenitale Entwicklungsstufe der Libido*. Int. Ztschr. f. Ps. IV, 1916. (Trans. in *Selected Papers*.)

² Freud: *Die Disposition zur Zwangsneurose*. Ges. Schr. V, 281 ff. (Trans. in *Coll. Papers II*. P. 126.) And: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 72 ff. (Trans. by Brill, ed. 4, p. 57.)

usual event in normal grief; it is related to the custom of the totem feast, a custom which, naturally, like the general relation of orality to depression, has a deep unconscious significance. Cannibalistic tendencies are demonstrable in the delusions of melancholia; but also in less severe types of depression they may be discovered in dreams, or during analysis, where they are found to furnish the unconscious meaning of one or the other symptom. Depressive patients return to the oral activities of their childhood—thumbsucking, for example. Their unconscious, and frequently their conscious, imagination is filled with thoughts of parts of persons they have eaten, and phantasies to which Abraham has applied the designations, partial incorporation and total incorporation.¹ To those who have no experience with the psychology of the unconscious, it cannot be too much emphasized how literally this oral incorporation is conceived as a devouring.

To give an example that will serve as well as any other: A patient with predominantly depressive symptoms had hysterical gastro-intestinal sensations. She believed that her diaphragm ached, and she had to follow numerous eating rituals in order to prevent the pain. The chief prohibition relating to food concerned fish. This went back to her having heard in childhood that a fish has a soul; she thus forbade herself to eat a soul (or corpse). The patient's father had died when she was in her first year of life. As so frequently happens, this introduced a peculiar oral note into her œdipus complex. In her symptoms she was warding off her œdipal wish, which had assumed the form of a desire to eat her dead father. It transpired that in the dialect of German that she spoke, the word for diaphragm, *Zwerchfell*, was pronounced as though spelled *Zwergfell* (*Zwerg*, a dwarf), and she imagined that a little dwarf jumped about and made a hubbub in her belly. Her "*Zwerchfell*" therefore was the same as her devoured father, or rather his devoured penis. If it seems incredible that cannibalistic wishes and fears are so effective, one need only observe children, who often enough show that they still believe emotionally in the possibility of eating persons or of being eaten up, even after this idea has been intellectually rejected. A powerful impression of the earnestness of cannibalistic phantasies (and their relations to the mechanism of identification, to be discussed) may be obtained from a reading of Steff Bornstein's² report of the analysis of a child.

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*, 80. (Trans. in *Selected Papers*, 487.)

² Bornstein, Steff: *Zum Problem der narzisstischen Identifizierung*. Int. Ztschr. f. Ps. XVI, 1930.

In addition, depressive persons show in their behavior those traits of character discovered by Abraham and termed, oral traits,¹ of which we shall have more to say in a subsequent chapter. To be sure, besides these oral traits, depressive patients show many anal traits of character and many symptoms based on anal eroticism. The significance of money as an anal factor in the psychology of the depressions has been discussed. Furthermore, the personality of manic-depressive persons in the free interval resembles to a great extent that described as a compulsive character.² Thus the depressive patient resembles the compulsion neurotic in that his unconscious instinctual activity is governed by anal wishes. But from the ideas of incorporation it can be seen that this anality, unlike that of the compulsion neurotic, does not attempt to conserve the object; as in certain types of paranoia the aim is to destroy it. As Abraham³ has demonstrated, the anality must correspond with a point of fixation in a level of libidinal organization antecedent to that which determines the compulsion neurosis; this early anal stage is characterized by a pleasure in expelling rather than retaining the fæces, and by more ambivalence. Obviously a regression to the early anal level is a momentous step. The awakened tendency to destroy the object forces upon the patient an archaic form of object relationship, with phantasies of incorporation. With the partial loss of the object attendant upon this step, the patient is freed from all restraint and his libido unrestrainedly regresses back into orality and narcissism.

The discovery of the rôle played by pregenital drives in the depressions supplements our previous formulation. The ambivalence is the consequence of strong pregenital fixations, which even on slight provocation may give rise to a fateful regression. The turning against the ego, on which we com-

¹ Abraham, Karl: "Beiträge der Oralerotik zur Charakterbildung." In: *Psychoanalytische Studien zur Charakterbildung*. (Trans. in *Selected Papers*.)

² Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*, 9 ff. (Trans. in *Selected Papers*, 422 ff.)

³ *ibid.*, 11. (Trans., 424.)

mented, is clearly a regression to narcissism, coincident with a regression to orality, of which the aim must be, to devour the object, and by virtue of thus destroying it, to reestablish the object-free state of narcissism. Finally, the dispositional factor, which comes to expression in the heredity, is probably identical with a constitutional intensification of oral erogenicity. The combination of all the narcissistic manifestations of the depressions with oral manifestations permits us, more readily than in schizophrenia, to set a time in life when this fixation was established. It is the nursing period, in which, also, traumata can be shown to occur more often in eventual manic-depressive psychoses than in schizophrenics.

Our findings then are:—ambivalence, turning against the ego, orality. Freud discussed all three of these factors, combining them into a unitary theory in his essay, *Mourning and Melancholia*.¹ He begins his study with a consideration of those cases in which the precipitating event is the loss of a love object; he was able to rely in so doing on the work of Abraham, who had demonstrated that in other cases, too, the starting point was an increase in ambivalence—that is to say, something which resembles such a loss.² The depressed patient complains that he is worthless and less than nothing, as if he had been annihilated. In point of fact he has lost an object, but he behaves as though he had lost his ego; object and ego are somehow equated; the sadism that refers to the object is turned against the ego. This particular form of self-hatred, to which Abraham made little reference, provides us with an insight into the structure of the ego that is not to be obtained elsewhere. The critical agency which we now call the super-ego appears to have become despotic. With tremendous sadism, a sadism exceeding that found in the super-ego of the compulsion neurotic as much as the depressive patient's ambivalence exceeds that of the compulsion neurotic, the super-ego

¹ Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

² Abraham Karl: *Ansätze zur psychoanalytischen Erforschung und Behandlung des manisch-depressiven Irreseins und verwandter Zustände*. Zentrbl. f. Psa. II, 1911. (Trans. in *Selected Papers*.)

assails the ego (which becomes passive), with a mass of self-accusations and self-reproach. Freud's discovery at this point, which represents a theoretical advance, was that the patient's self-reproach often can well be applied to the object itself, and that apparently meaningless statements prove to have a meaning if we substitute in the complaint the name of the object for "I". Such depressive complaints are disguised accusations; the chief symptom of depression, self-reproach, is the expression of the same masked sadism that characterized the relationship with objects. The patient's super-ego treats his ego as the patient unconsciously wishes to treat the object that was lost. It is known that all human beings, after losing an object, tend to restore part of the libido to their own ego. This normal process it is that we here see exaggerated; and it is not as in schizophrenia a diffuse process; the libido pertaining to the object remains unified even after the narcissistic regression; it remains attached to an entity, which is as though separate from the rest of the ego. The external object is not completely destroyed; it has been replaced by an internal one. By virtue of the narcissistic regression, part of the patient's ego has become this object. As Freud puts it, the shadow of the object has fallen on the ego. This is the prototype of the process known as identification—and in contradistinction to the hysterical variety—narcissistic identification, for here the total object is replaced by an alteration of the ego. Since identification is considered the primary type of relationship to objects, and love of objects only a product of differentiation from it, we may speak of a regression from a love for an object to an identification.¹ The statement made in regard to hypochondriasis, organ neuroses, paranoia, etc., that an organ represents an object, clearly signified that we were dealing with a regression to identification identical in principle to that just described—which coincides with a regression to narcissism, and as we may now add, to orality. For the means of introducing the object into the ego is seen on analysis to be identical with

¹ Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.) See also, Fenichel, Otto: *Die Identifizierung*. Int. Ztschr. f. Ps. XII, 1926.

the oral incorporation previously described. This incorporation may also be conceived as taking place through the anus, the skin, the respiratory apparatus, and possibly other portals. Nevertheless, the ideas of incorporation through portals other than the mouth are always accompanied by phantasies of oral incorporation.¹ It is, therefore, the oral sadistic behavior of the depressive patient in relation to his object, originating as a response to the loss of the object, that must be held accountable for the fateful turning of sadism against the ego, and that comes to expression in the form of an identification.

It will be recalled that Helene Deutsch reported a similar process in the psychogenesis of agoraphobia—a momentous identification with a hated, or sadistically loved, object. The question arises, then, as to the way in which the identification in depression differs from that found in agoraphobia. The answer is not difficult: there is incomparably less regression to the oral in agoraphobia. “The difference is, that the identification in agoraphobia is effected at a higher level of libidinal development and is consequently transient and corrigible.”²

In analytic practice, we often encounter persons with a somewhat narcissistic disposition, which may be revealed for example in a narcissistic choice of a love object, in whom it is quite evident that their love life contains not only a love relationship with the sexual partner, in the true sense, but also includes an identification with the partner, and that this identification plays a great part in the total relationship. There are, as is known, feminine men and masculine women who obtain sexual satisfaction by psychologically putting themselves in the other's place. Often this type of heterosexual relationship represents an overcompensation of an original fear of the other sex. But whereas a depressive patient through his total identification has lost all interest in the real object—replaced by the

¹ Lewin, Bertram D.: *Kotschmieren, Menses und weibliches Über-Ich*. Int. Ztschr. f. Ps. XVI, 1930. And, Fenichel, Otto: *Über respiratorische Introjektion*. Int. Ztschr. f. Ps. XVII, 1931.

² Deutsch, Helene: *Psychoanalyse der Neurosen*. Vienna: Int. Ps. Verlag, 1930. P. 11.

ego-alteration within the patient—the persons we are referring to are in reality more dependent on their mate than normal persons. For their gratification they require a very special type of behavior on the part of their sexual partner, a behavior that permits or encourages their participation by enabling them to feel at one with the other person and that gives them the feeling of being a unitary “we”. Women of this type are often interested in seeing that their husband should have a love affair with another woman, so that they may feel vicariously male; and they become inordinately jealous if the husband does not tell them whenever he visits his mistress. Related phenomena on a smaller scale are exceedingly common. Persons of a certain type demand of their fellow-men not only a complete understanding of what they are feeling, but “forgiveness” as well. Like those whose love-life is affected by identification, they are always bent upon establishing “a good understanding” with people. This dependence on the environment is distinctive of such partial identification in contrast to the deeper narcissistic identification of depressions, but may often be discovered in the anamnesis of persons who later on have depressions. We shall discuss these types more fully in the chapter on character disorders.

The depressed patient, having lost his object, is confronted by two tasks: (1) mourning—that is to say, a gradual solution of the ties that attached him to the object, now no longer available; and (2) the regression to narcissism—that is to say, to orality and identification. We shall return later to the topic of mourning, or grief, and show that probably all grief, including the normal, avails itself to a certain extent of the same mechanism as depression—which explains why grief and depression resemble each other as subjective experiences. But the process as it takes place in grief is an incomplete experience, involving only a small amount of the individual's total libido, while in the depression it involves the bulk of the libido. Depressive manifestations can arise only on a basis of strong ambivalence, to which is to be ascribed the fact that the super-ego, having become more sadistic because of the ambivalence,

now turns violently against the ego that has been altered by the introjection. The covert sadistic gratification obtained in this way permits us to understand that from a certain perspective the self-torment is pleasurable, and it is this point which helps us comprehend the unusually strong tendency to self-destruction in depressions. Ambivalence may enter into the picture of mourning in conditions other than depression—for example, in the obsessive reproaches following a death. Pathognomonically, the crux of the matter is the depth of the regression. The depth of the regression determines the narcissistic conflict between the ego and the super-ego.

After the regression to identification, the sadism originally directed against the object enlists with the super-ego and attacks the ego that is now altered because of the introjection. This state of affairs may also be viewed from the outlook of the ego menaced by the super-ego—and we may ask what the ego's attitude to this is. The answer is, the usual attitude of an ego at odds with the super-ego—ambivalent. Many elements in the symptomatology of depressions have the appearance of a potentially tremendous rebellion. We shall learn later that the introjected object is not always simply the persecuted victim of the super-ego, but occasionally takes on the rôle of a persecutory super-ego; hence, the tendency to rebel against the object, which ushered in the whole pathological process, may be continued in traces as a rebellion against the super-ego. But the attempts at rebellion are soon smothered, and it is more typical of depressions for the ego to be helpless and yield to the attacks of the super-ego.

Why then, it might be asked, does one so often gain the impression that the ego even embraces the injuries done it? In studying the analogous problem in the compulsion neurosis, we saw that the ego, in acceding to its fate, not only tries to avert more severe pain, but that it can also obtain libidinal pleasure through these injuries—pleasure derived because of its masochistic attitude.¹ In the case of depressions, the first of

¹ See the chapter on Compulsion Neuroses.

these factors need hardly be taken into account, for there are hardly any mental pains so severe as the pain due to the complete annihilation of self-regard that is found in the depressions. On the other hand, many ways in which the patient behaves evince a sort of voluptuous embracing of his self-degradation. This is more readily seen in mild neurotic types of depression. It is also true that a particle of masochistic libidinal gratification must enter into every suicide. Indeed, the psychogenesis of depressions, as it has just been described, appears to corroborate the thesis that every suicide corresponds to a wish to kill, which has been deflected on to the ego. But what seems to be of more importance, and to be correlated with the great tendency to suicide in depressions, is the complete loss of self-regard that is forced on the ego through the wrath of the super-ego. The ego sees itself deserted by its super-ego and lets itself die.¹ Among the traumatic neuroses, too, there are narcissistic cases in which the trauma is perceived as a punishment meted out by the super-ego to the ego.² This personification of fate as a parental imago, which harbors good or bad intentions toward the ego, is again an expression of an infantile narcissistic attitude.³ In depressions, this surrender is brought about by the person's own super-ego, whose entry into the field of action is merely dreaded in the traumatic neuroses; the super-ego actually destroys the depressive patient's joy in life. For to have a "desire to live" evidently means that one feels supported by one's super-ego. When this feeling vanishes, all the helplessness of a deserted babe reappears. The suicide that is undertaken by the ego, in the final analysis, must correspond to the illusion of regaining the lost parental imagos and their protection.

One may note that the formula of "the turning of oral sadism to one's own ego" does not completely explain the whole mass of depressive manifestations. The formula does leave unsolved

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 404. (Trans. by Riviere, 87.)

² See the chapter on Traumatic Neuroses.

³ Freud: *Das ökonomische Problem der Masochismus*. Ges. Schr. V. (Trans. in *Coll. Papers II.*)

a great many problems. For the moment, however, let us continue our review of the two remaining important contributions to the study of depressions.

Abraham's book, *Versuch einer Entwicklungsgeschichte der Libido*,¹ not only supplied a mass of convincing material that corroborated the views which Freud² had put forth as theoretical formulations, but added several valuable points of theory. We may limit our discussion to the latter, as it seems superfluous to present the supporting clinical material here. Of great theoretical significance were Abraham's recognition of two subdivisions in the oral and in the anal stages of libidinal organization, his modification of the conception of self-reproach, his formulation of the etiological prerequisites and infantile prototypes of depression, and his study of mania.

We have already assumed in our discussion that there are two subdivisions of the anal stage. This assumption is based on a comparison of the psychology of the depressions with that of the compulsion neurosis. In both the behavior is anal to a high degree. But the compulsion neurotic retains his unconscious (though ambivalent) cathexis of objects and "conserves" his object; he desires retention-pleasure. The depressive patient destroys the object; he annihilates it while in the process (connected with so much ambivalence) of reërecting his narcissism. His primary aim is the pleasure of excreting. As we have seen, the overstepping of the boundary between the two substages in question is a momentous one, because it involves the giving up of all consideration of the object, and is obviously provocative of further regression into the oral level. Since the depressive patient's attitude is a sadistic one, and ambivalent to the environment, and since the baby originally, before developing an ego, was unacquainted with objects—was, that is to say, "pre-ambivalent"—the ambivalent sadistic oral stage

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido auf Grund der Psychoanalyse seelischer Störungen*. Vienna: Int. Ps. Verlag, 1924. (Trans. in *Selected Papers*, "A Short Study of the Development of the Libido, viewed in the Light of the Psychoanalysis of Mental Disorders.")

² Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

that we observe in the depressive patient is a somewhat higher type of organization, and was preceded by the object-free pre-ambivalent period, to which evidently (in contrast to depression) many types of schizophrenia have regressed.

By subdividing the two pregenital stages of libidinal organization, Abraham was able to construct a diagrammatic table of the development of the libido, which is of fundamental importance in the special theory of neuroses. Many of our discussions in this book are based on it. Here we may take the opportunity of presenting Abraham's table, with the additional rubric "dominant point of fixation", a rubric that may be added without doing violence to Abraham's scheme. This table is to be found on page 90 in the German edition of his book, *Versuch einer Entwicklungsgeschichte der Libido*, and in English on page 496 of *Selected Papers*.

Stages of Libidinal Organization:	Stages in Development of Object Love	Dominant Point of Fixation in
VI. Final genital stage	Object love (post-ambivalent)	Normality
V. Early genital (phallic) stage	Object love with exclusion of genital	Hysteria
IV. Late anal sadistic stage	Partial love	Compulsion neurosis
III. Early anal sadistic stage	Partial love with incorporation	Paranoia, paranoid
II. Late oral sadistic (cannibalistic) stage	Narcissism; total incorporation of object	Manic-depressive
I. Early oral (sucking) stage	Autoerotism (no object) (pre-ambivalent)	Various types of schizophrenia (stupor)

In the same book, Abraham attempted to demonstrate a correlation between the two contrasting original instinctual aims and the two contrasting attitudes to objects: in the oral sadistic period the aim is to bite (to incorporate) and corresponds to the time in the baby's life when the teeth are erupting, while in the pre-ambivalent period the aim is to suck. This division does not correspond entirely with the true state of affairs, for analytic material relating to oral sadism, obtained not only

from depressions but also from nymphomania and other states, reveals sucking phantasies as well.

The neurosis of one of my patients was based on a partial incorporation of the object—that is to say, the corresponding identification of herself with her father's penis. In her symptoms she was perpetuating this incorporation by displacing her interest from an intense oral greediness, which had characterized her as a child, to an avid curiosity, a passionate attempt to devour with her eyes those objects that represented this penis. Thus, she had a curious and intense interest in all physical phenomena in which fluids rise, or are sucked up. This interest primarily was the symbolic expression of her interest in the penis, the rising liquid standing for urine that is expelled in a male fashion. But the rise of the fluid was not the only interesting element; she also busied her imagination with the process of sucking which produced this rise. This represented a projection of her wish to suck away the man's penis, and through this sucking incorporate it into herself.

For many cases of depression, Freud's formula—depressive self-reproach is an accusation and is directed against the introjected object—is amazingly apt.¹ Abraham added: many complaints appear contrariwise to come from the introjected object, and to repeat, for example, accusations that the real object had made against the patient. This addendum gives rise to a certain confusion, as our assumption was that the object is taken into the ego and treated sadistically by the super-ego, whereas Abraham's observation raises the question whether the object is not also taken into the super-ego, and whether we must not accept the unwelcome complication of a double introjection of the object. We shall come back to this question later. For the time being, we may state that the finding of the introjected object's taking sides in some way with the super-ego—also, is in accord with Freud's basic idea of the super-ego—it too owes its origin to an introjection of objects.²

Abraham indeed reported a case in which different objects were introjected in different ways. The self-reproach corresponded to complaints made by an introjected mother about an introjected father.³

¹ Helene Deutsch in the chapter on Melancholia of her book, *Psychoanalyse der Neurosen*, has described an especially instructive case of this type.

² Freud: *Das Ich und das Es*. Ges. Schr. VI. (Trans. by Riviere.)

³ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 52. (Trans. in *Selected Papers*, 462.)

Weiss demonstrated in depressions that the not uncommon delusion of being poisoned corresponds to an introjection of the object into the super-ego.¹ It will be understood readily that this interpretation does not conflict with the interpretation of this idea (at a more superficial level) as a phantasy of being impregnated. The patient with a delusion of being poisoned thinks that he has eaten something that gives rise to complaints within his body. This is psychologically true: he has in imagination introjected (eaten) an object that "complains" from within him. I had an opportunity to verify Weiss's contention repeatedly in the patient, reported above, who had the ideas about her diaphragm. From this outlook, hypochondriasis based on delusions of being poisoned is the type of hypochondriasis that comes nearest to revealing the true meaning of this state—namely, that the organ hypochondriacally affected corresponds to an introjected object.² The far-reaching hypochondriacal delusional systems in severe melancholia represent a distorted recognition of the process of introjection. This is particularly evident in the anxiety (conscious or unconscious) of being eaten up by something that is inside the body, which may be rationalized as a pathogenic virus (a bridge to the more common phobias of being infected); and the idea of being eaten up by an introjected object permits many neurotics to fear the mysterious disease of cancer.

In addition to the pregenital fixation, Freud emphasized the importance of the narcissistic attitude as an etiological prerequisite of depressions, for without this attitude a regression from object love to identification would not be possible.³ Before the onset of the illness this narcissism may be manifest in the type of love object chosen (the loss of which initiates the entire process), the choice being made on a narcissistic basis. Abraham, supplementing Freud's work by his own contribution, summarized the etiological prerequisites as follows:⁴ (1) A constitutional factor, probably due to a constitutional intensification of mouth eroticism; and (2) a special fixation of the libido on the oral stage of development. Very little remains to be added to these two points. In the study of the mental relations obtaining in compulsion neuroses that have

¹ Weiss, Edoardo: *Der Vergiftungswahn im Lichte der Introjektions- und Projektionsvorgänge*. Int. Ztschr. f. Ps. XII, 1926.

² The topic of murder by means of poison and delusions of being poisoned has recently been treated by Arthur Kielholz (*Giftmord und Vergiftungswahn*. Int. Ztschr. f. Ps. XVII, 1931).

³ Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

⁴ Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*, 42-54. (Trans. in *Selected Papers*, 453-464.)

their onset in later years of life, it was found that the prerequisite for this neurosis was a regression from the phallic stage to the anal sadistic stage, which had taken place in early childhood at the time of the dissolution of the œdipus complex, and that this regression, even though it may in part have been overcome, had as it were made a path within the psychic apparatus so that, when as a result of disappointments sustained in later life there is a retreat into infantile sexuality, this retreat does not come to a halt at the phallic œdipus complex, but in conformity with the infantile pattern, goes on to ward off the revived wishes by a regression to the anal sadistic phase.¹ Abraham demonstrated that an analogous process occurs in melancholia. The pregenital fixation and the ambivalence that goes with it are not the sole causes for a person's regression (following an external or internal loss of an object) to oral sadistic phantasies of incorporation. He pointed out that the tendency to react in this way becomes accentuated by the fact that the patient suffered severe disappointments as a child and responded to them by means of a similar mechanism. These disappointments, to judge from the later narcissistic fixation, must have been severe narcissistic insults, and (to correspond with the subsequent pregenital mode of reaction) must have occurred very early in life. Therefore, Abraham formulated the following additional etiological prerequisites:—(3) a severe injury to infantile narcissism through a combination of disappointments in love; (4) the occurrence of the first great disappointment in love before the œdipal wishes were successfully mastered; (5) the repetition of the original disappointment in later life, in the event precipitating the illness. As far as the mechanism was concerned the reaction to infantile frustrations must thus be the same as in the later depressions though less marked; and the later depressions followed the path opened up by the infantile "primal depression" that fixed the fateful tendency to react in an analogous way to future disappointments. Abraham's case material demonstrated the presence of such

¹ See the chapter on Compulsion Neuroses.

childhood primal depressions in those persons who later developed manic-depressive psychoses.¹

As yet, we have not discussed the nature of the manic attack. The manic reaction presents to the psychoanalyst a much more puzzling problem than does a depression. The contrast of its clinical picture with that of depression permitted Freud to interpret the unconscious mechanism on which it depends quite early in his studies, although he was not able to explain when and why the mechanism operates.² Freud stated that, in a manic state, the difference between ego and super-ego must disappear completely. The mirthful mood of the typical manic, if we interpret mirth in accordance with psychic economic theory as a sign of a saving in psychic expenditure,³ demonstrates that the tension between the super-ego and the ego must previously have been extremely great and that it must have been released abruptly. That this is really true is demonstrated best by those cases in which there is a sudden turn from severe depression to mania.⁴ In mania the ego somehow succeeds in freeing itself from the terrible pressure of its super-ego; it terminates its conflict with the "shadow" of the lost object by absorbing the super-ego completely into itself; and then as it were celebrates this event. For it is this process alone that can explain the enhancement of self-regard and the diminution of the function of conscience in mania. As we stated above, the manic-depressive is ambivalent to his own ego, and in depressions he demonstrates the hostile element of his ambivalence which is directed against his own ego; mania brings to the surface the other aspect of this ambivalence—

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 54-59. (Trans. in *Selected Papers*, 464-470.)

² Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers IV*) and *Massenpsychologie und Ich-Analyse*. Ges. Schr. VI, 334 ff. (Trans. by Strachey, *Group Psychology and the Analysis of the Ego*, Chapter XI.)

³ Freud: *Der Witz und seine Beziehung zum Unbewussten*. Ges. Schr. IX. (Trans. by Brill, *Wit and its Relation to the Unconscious*.)

⁴ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 59-66. (Trans. in *Selected Papers*, 470-476.)

the extreme self-love of the same person.¹ It occurred to Freud that the periodicity of cyclothymia may in the final analysis be based on a biological necessity: all differentiations in the psychic apparatus may be forced to disappear from time to time. In sleep, the entire ego is submerged nightly into the id from which it arose. Similarly, in mania the super-ego is drawn back into the ego.² However, it was and still is an open question, when and how, in contrast to others, certain depressive patients succeed in triumphing over their severe super-ego and somehow at the same time over the introjected object as well. With very convincing case material, Abraham was able to confirm the finding that the essential content of mania is the "shaking-off" of the super-ego (or of the introjected object) by the ego, and a sort of triumphal celebration of the success of this venture comparable to the totem feast of primitive races. This is particularly well demonstrated in those manic states in which excretory functions or excretory phantasies dominate the picture. On analysis these features prove to represent the imaginary emancipation of the individual from the introjected object. We must bear in mind, however, that mania differs from depression only in this respect. In all other respects, allowing for the different demeanor due to the above mentioned difference, the manic phase has the same characteristics as the depressive one—enhanced orality, incorporation as the ultimate aim, and ambivalence to objects. As to those manic attacks which occur without an antecedent depression, Abraham suggested that in such cases the patient originally shook off the primal depression, so that the latter is not repeated again.

Two fundamental questions remain unanswered so far: why the double introjection of the object into the ego and super-ego takes place, and what it is that permits the ego that is being

¹ This situation was emphasized by Alexander, in the *Psychoanalyse der Gesamtpersönlichkeit*, pages 9 ff. and 56 ff. (Trans. by Glueck and Lewin, xvi f. and 32 ff.)

² Freud: *Massenpsychologie und Ich-Analyse*. Ges. Schr. VI, 335. (Trans. by Strachey, Chapter XI.)

tortured by its super-ego ultimately to triumph in the manic state. Radó, whose intensive study summarizes the problems of manic-depressive reactions, attempts to solve these two problems.¹

Self-reproach in a depressed patient is not alone an attempt to annihilate the object, but in addition, so far as it arises from the introjected object (a fact that Abraham² demonstrated), it represents a wooing of the object, or a plea for forgiveness—it is intended to convince the object how much its accusations have been taken to heart. As to the wishes that the object is supposed to fulfil: the oral narcissistic fixation lends the sexual wishes of a person predisposed to manic-depressive states a special tinge—to persons orally fixated, objects are means for maintaining self-regard. These persons have a strong narcissistic need and want self-regard to be supplied by the environment.

Even more clearly than in depressions, this same situation may be observed in cases of severe developmental disturbance in which the relationship with objects remains fixed on this level. A case of this type was alluded to in our discussion of sexual infantilism (the "sausage eater"), and we shall pursue the topic in more detail in our chapter on character disorders.

Obviously this environmental supply of self-regard is a sort of continuation of the milk supply that the baby, for his gratification, must receive from the environment. The validity of this symbolic equation reveals the fruitfulness of the idea expressed by Radó in his study of drug addictions—namely, that depression is a continuation of the baby's hunger state, and mania a continuation of the state of satiety.³ We stated above that the manic-depressive patient had suffered severe narcissistic injuries early in life, and had tried to rebel against

¹ Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. in Int. J. Ps-A. IX.)

² Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 52. (Trans. in *Selected Papers*, 461.)

³ Radó, Sándor: *Die psychischen Wirkungen der Rauschgifte*. Int. Ztschr. f. Ps. XII, 1926. (Trans. Int. J. Ps-A. VII.) and *Das Problem der Melancholie*. Int. Ztschr. f. Ps. XIII, 1927. (Trans. Int. J. Ps-A. IX.)

them combatively; that he failed in this same rebellion, and was compelled to turn his aggression against his own ego. We now become aware of what the disappointment and the rebellion referred to were: this "supply of narcissism" was not adequately forthcoming. The child was not able to form a good opinion of itself, because it could not feel sufficiently loved.

Taking upon one's self the task of self-criticism and self-reproach implies a wooing of the object. In the final analysis, and speaking generally, this alone can be the crucial motive for the construction of a super-ego. It is as though the little boy said to his father: "You need not be angry with me. I shall take care of that myself." By building a super-ego he introjects the "angry behavior" of the father, so that, eliminating this external angry behavior, he will still preserve his good father, as a real person.

In the same spirit, the depressed patient says to his object: "Look! I am a good boy. You can love me again—and I need the narcissistic feeling of being loved." However, he no longer makes this demand of a real person, but of an introjected one—and here we have the answer to our question as to the reason for his ego's suppliancy to the super-ego. The circle of transgression—expiation—forgiveness, which is patterned on the alternation of oral satisfaction and hunger in the nursing period, is the element which fixes the behavior of the depressive patient to his object, and this behavior has as its objective the attainment of his super-ego's forgiveness. Why he fails in this attempt receives an unequivocal answer in the work of Freud and Abraham.¹ The inordinate sadism inherent in the oral instinctual orientation has been given over to the super-ego to utilize, and it now attacks the ego as furiously as the ego unconsciously wished to attack the object. If the sadism of the super-ego makes the ego feel completely deserted, the result is suicide, and thus in trying to appease the super-ego by being abject, the ego has reckoned incorrectly. At other times, however, the reckoning appears to be accurate enough and it is

¹ *op. cit. supra.*

possible to secure forgiveness;—in these cases, the outcome is a manic attack. In spite of continuing to maintain its position, the super-ego is conquered by the ego. In the formation of the normal super-ego, a distinction must be made between the imago of what may be called the “bad or angry object”, which is introjected, and the “good object”, which is allowed to remain in the outside world. But this formulation, too, requires emendation. In actuality the child desires to remove “bad parents” everywhere he encounters them and supplant them by “exclusively kind parents”. The ego desires to be loved by the introjected parental substitutes, also, and in relation to them too the ego must frustrate its hostile impulses. Thus the super-ego, in originating from the ego, comes to include the group of ideas represented by the phrase “kind parents” and the investment attached to them, whereas it takes over from the ideas of the “angry parents” the ideational contents alone (Radó).

We are now in a position to clarify the problem of the double introjection of objects in depressions. When the super-ego is in the course of construction it incorporates in the first place the “kind object”, which is at that time granted the right to be angry with the ego—and which unfortunately, because of the regression, makes unwelcome and excessively liberal use of this right. The additional pathognomonic element in depressions—regression from object relationship to identification—is a taking over into the ego (in the manner described by Freud¹) of the “bad”—that is to say, the hated object. Hence Abraham’s finding that in depressions one introjected object may be attacking another one is generally applicable.² If the depressive tendency succeeds in calling forth a mania, Freud’s statement, that this is a triumph over the object that was introjected into the ego, which is now being destroyed by the depressive process, holds good. For this process now appears to us as a huge attempt at reparation, aiming to restore the self-

¹ Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers IV*.)

² Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 52. (Trans. in *Selected Papers*, 462.)

esteem that was damaged by the loss of the object, a process by means of which the "bad object" that provoked the sadism, when it cut off the narcissistic supply, and thus disturbed the entire psychic equilibrium, is punished and destroyed—in a narcissistic way also to be sure, for the object became by introjection part of the patient's psyche. In this attempt to destroy the bad object, the depressive ego sometimes meets the fate of Dorian Gray, who had to die in order to destroy his portrait, for object and ego have become one. But sometimes—and we do not know under what circumstances the one or the other thing happens—the destruction is successful because of a purely psychic change in cathexes. Then a manic state appears, in which the bad object is completely annihilated and the ego can fuse in narcissistic love with its purified, thoroughly kind, super-ego. Self-esteem has truly been restored, and considering the oral fixation of the patient, we should not be surprised to find that the union of the ego and super-ego takes place in the form of a regression to the period in which there was as yet no differentiation of ego and super-ego.¹ In still other cases, as in normal mourning, too, which tends to terminate gradually without a mania, the objective of the depressive process is reached without a manic triumph; these are cases of simple or cyclic depression. The factors, doubtless quantitative in nature, that determine whether and when the result is to be a suicide, a recovery, or a manic attack, are still unknown.

The importance of "self-regard" in the manic-depressive group makes a badly needed summary of the whole topic very difficult.²

After the original infantile feeling of omnipotence is lost, there is a persistent desire to recover it. This desire we call "narcissistic need", and self-regard, the index of its quantity,

¹ This account follows Radó. See *Das Problem der Melancholie*. Int. Ztschr. f. Ps., XIII, 1927. (Trans. Int. J. Ps-A. IX.)

² The summary which follows is also based on Radó's paper and utilizes Freud's account given in *Zur Einführung des Narzissmus*, Ges. Schr. VI, 182 ff. (Trans. in *Coll. Papers* IV.)

is highest when this desire is fulfilled and low when fulfilment is remote. The most primitive means of satisfying this need is the sense of being loved. The small child feels a diminution of his self-regard if he loses the affection of others, and a rise of it if the contrary is the case. At this level narcissistic need and erotic need still coincide completely. This permits us to assume that both stem from a common model, a primal desire that could be stilled by an external source of supply. This primal desire is the baby's hunger, and its satisfaction the baby's satiety—the "alimentary orgasm". Later, narcissistic and erotic needs become differentiated from each other. The latter needs develop and modify in relationships with real objects (love and hate), the former come into relation with introjected, orally incorporated, objects—that is to say, the super-ego. Whenever there is a discrepancy between super-ego and ego, that is, a sense of guilt, self-regard is diminished, while each fulfilment of an ideal elevates it. As in the case of all psychic development, however, the old demonstrably persists along with the new; part of the relationship with real objects is governed by the sense of guilt.

There are persons whose self-regard is fixated in some special way, and the fixation, like any other, may take its origin in constitutional or accidental factors. The accidental ones are those characterized by Abraham as early insults to narcissism, that is, impairment of the child's self-esteem when he feels that the adults about him have ceased to love him. A fixation acquired in this manner is characterized by a heightened fear of losing love, by love objects chosen for narcissistic reasons—for the purpose of being loved—by heightened narcissistic need, and by the tendency to be readily overtaken by a severe sense of guilt (or socially conditioned anxiety), and by the tendency to respond with an easy triumphal conquest of this fear after forgiveness is attained. In conformity with theory, these are the same persons who require that their heightened need should to a large extent be taken care of by the environment and whose behavior is characterized by oral traits. This fixation, possibly reënforced by regression, appears to represent

the predisposition that manic-depressive patients and drug addicts have in common. In drug addiction, the patient finds an amazing fulfilment of his desire in the pharmacotoxic elation, a state that simultaneously restores his infantile self-regard and gives him erotic satisfaction. This state he desires to reproduce again and again, even if he fails in his attempt to do so. In the depressive process, there are combined the striving to conciliate the patient's own super-ego and the persistent intrapsychic operation of sadism, directed against the introjected object. In mania, this reconciliation has been attained and with it the elation that goes with the infantile self-regard. The terrific anxiety of losing love goes to show that the great tendency to suicide is an effort to be rid of the feeling that one is no longer loved by one's super-ego.

This account to be sure opens a vista of unsolved problems, yet at the same time it throws some light on the problem of periodicity. Periodicity is a biological factor, it was first thought, a mode of expression of a rhythm inherent in all vital processes. It was then supposed by Freud to be a biological necessity, correlated with the pressure that compels the relinquishing of differentiations in the psychic apparatus, as when in sleep the ego is submerged in the id, or in mania or celebration the super-ego is submerged in the ego.¹ But the relation that apparently obtains between states without a super-ego and the satiated nursling, and between the pangs of conscience and those of hunger, revealed to us another type of biological alternation that stands in an as yet unexplained relation to the alternation of mania and depression—the alternation, hunger, satiety. This latter series produces alternately great discomfort (hunger) and highly pleasurable relief—to use Radó's expression—an "alimentary orgasm". This alternation, which recurs with all the necessity of a natural law—necessarily if the suckling is not to starve—is indelibly imprinted in the memory, and each subsequent alternation of pleasure and pain is sensed as if it followed the pattern of this memory. In point of fact

¹ Freud: *Massenpsychologie und Ich-Analyse*. Ges. Schr. VI, 335. (Trans. by Strachey, Chapter XI.)

there is a fundamental resemblance between the ideas, punishment—forgiveness, and hunger—satiety. In both instances the issue is the absence or restoration of that which the environment must supply: in the first instance milk, in the other the narcissistic sense of being loved.¹ Punishment at the hands of the upbringer and the loss of his love are perceived as though analogous to hunger; and the goal, absolution, corresponds to the goal, satiety. After the upbringers have been introjected, the ego repeats intrapsychically the same pattern in relation to the super-ego. In depressions, the ego no longer feels loved by its super-ego—it was left in the lurch with its oral wishes unrealized; in mania, the forgiving oral love-union with the super-ego is restored. The recognition of this relationship still leaves much that is puzzling in regard to periodicity, especially the chief question; that is, why in some cases there must be an evident or concealed external precipitant that, in the form of a libido-economic alteration, brings about the changes in phase, and why in other cases this change corresponds to a regular, apparently biologically founded, rhythm. For example, it is true that in menstrual depressions analysis can demonstrate that the event, menstruation, is felt subjectively to be a frustration, and can further demonstrate how this happens, yet it is impossible to get rid of the impression that many purely biological factors are involved in the process. Nevertheless, the consideration of the relationship we are discussing apparently permits us to come nearer to the solution of other problems. Here I may refer to the similarity of the alternation of manic and depressive states to the alternation of elation and “the morning after” in drug addiction and compulsive masturbation, a similarity explained by the common prototype: the oral experiences during the nursing period.

The assumption made above that neurotic depressions may be based on the same type of processes as the psychotic depressions, differing only in degree, at first seems incredible, in view of the weighty differences between the two clinical states. But there is much to support this idea besides the psycho-

¹ See also Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*. (Trans. by Glueck and Lewin, *Psa. of the Total Personality*.)

analytic theoretical probability. In the first place, this probability is increased by the fact that there are certain cases of so-called cyclothymia in which variations of mood, obeying an apparently purely internal periodicity, appear exactly as in the manic-depressive psychosis, except that they are not of sufficient intensity to pull the patient from reality into a psychosis. Analytic experience demonstrates that such cases also depend on an oral fixation and except for a better capacity for transference are just as difficult to treat as the manic-depressive psychoses. The identical nature of the mechanisms is shown, furthermore, by the analytic consideration of the normal emotion of grief. A grief-stricken person who has lost an object must loosen the libidinal attachment that binds him to it. This tie is not a matter of a single situation; the libido is attached to thousands of individual memories; and on each of these memories the dissolution of the tie must be carried through, which takes time. This process Freud designated the "grief-work" (*Trauerarbeit*).¹ It is comparable to the "working through" (*Durcharbeiten*) that takes place in a therapeutic analysis, wherein a certain interpretation is brought to bear successively on all the individual manifestations of a given idea.² The carrying out of the grief work is a difficult and unpleasant task, which many persons try to evade for a time by employing repression, so that the apparent lack of emotion may be due in part to an identification with the dead person. Yet every mourner obviously tends to make his task easier by building up what might be called a substitute object in himself, after the real object has departed. For this he uses the same mechanism, regression from object love to identification, as the depressed patient, and only the quantity of the libido that meets this fate decides whether the grief will give the impression of being normal or pathological.³ It can often be observed that the mourner in one or another respect comes to resemble

¹ Freud: *Trauer und Melancholie*. Ges. Schr. V. (Trans. in *Coll. Papers* IV.)

² Freud: *Erinnern, Wiederholen und Durcharbeiten*. Ges. Schr. VI. (Trans. in *Coll. Papers* II.)

³ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 22 ff. (Trans. in *Selected Papers*, 433 ff.)

the lost object: that for example, as Abraham reported, his hair may become gray like the hair of the person he mourns, that he may develop cardiac symptoms if the person died of heart disease, that he may assume his peculiarities of speech or gesture in one or another way, and the like. Freud pointed out that this process is not limited to the case of a loss through death, but holds good in the case of a loss that is purely psychological. He referred to women who take on the traits of their lover, after a separation.¹ Such symptoms as bulimia (reminiscent of the totem feast) and refusal to eat still come within the limits of severe normal grief. They are evidence of a true identification, subjectively conceived as an oral incorporation, of the same depth as in psychotic depressions, but of less intensity.²

The study of the folklore and ethnology of death and burial customs is necessary to convince one of the universality of oral identification as a reaction to the loss of an object.³ It would take us too far afield to review here the interesting ideas of Freud⁴ and Róheim,⁵ who have shown the relationship of this fact to the historical origin of the human œdipus complex. We may limit our discussion by presenting what seems to us a very significant clinical observation that goes to substantiate the theory advanced by Freud, which he formulated in the following sentence: "It may well be that identification is the general condition under which the id will relinquish its objects."⁶ Among persons who have lost one of their parents quite early in childhood, exceptionally many show signs of an oral fixation and tend to establish, along with their object relationships proper, extensive identifications—that is, to

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 373 f. (Trans. by Riviere, p. 36.)

² Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 22 ff. (Trans. in *Selected Papers*, 438 ff.)

³ Zulliger, Hans: *Beiträge zur Psychologie der Trauer- und Bestattungsgebräuche*. Imago X, 1924.

⁴ Freud: *Totem und Tabu*. Ges. Schr. X. (Trans. by Brill. London: Routledge.)

⁵ Róheim, Géza: *Nach dem Tode des Urvaters*. Imago IX, 1923. And *Heiliges Geld in Melanesien*. Int. Ztschr. f. Ps. IX, 1923.

⁶ Freud: *Das Ich und das Es*. Ges. Schr. VI, 373. (Trans. by Riviere, p. 36.)

incorporate the object. A partial regression is to be sure the automatic result of the need to replace an object that was lost in the real world, and a regression of this type, if it begins early in life, cannot fail to influence subsequent development.¹ The variations in self-regard that occur in normal grief indicate that in this state, too, the super-ego is at odds with an ego altered in this fashion. What has been said of grief will doubtless apply to sadness as well. In states of sadness, also, the characteristic mechanisms are an increased narcissistic need and, after the object has been incorporated, the (incomplete) struggle for its gratification in the intrapsychic narcissistic field. But in this case, the major part of the libido is not involved in the conflict; there is a large quantity that remains attached to other objects; yet this fact alone serves to differentiate these types of depression from the psychotic variety. In this connection it is relevant to note that the affective state of humor, a normal prototype of mania, has been shown by Freud to represent a narcissistic dissension between the ego and the super-ego.² The problem of neurotic conflicts centering about self-regard, which play so large a part in every neurosis, and which the ego may attempt to solve in a manner that is characteristic of the momentary state of affairs, deserves mention here. It is assuredly true that feelings of inferiority, frequent findings in neuroses of all kinds, originate at the dissolution of the œdipus complex,³ and that they are intimately connected with the castration complex,⁴ so that the patient, for example, in the comparisons he draws between himself and others, is

¹ See Fenichel, Otto: *Speziellformen des Ödipuskomplexes*. Int. Ztschr. f. Psa. XVII (Trans. Int. J. Ps-A. XII), and as an example, Bonaparte, Marie: *L'identification d'une fille à sa mère, morte*. Revue française de Psa. II, 1928. (In German, Int. Ztschr. f. Psa. XV, 1929.) For a correlated equation of sexual gratification and death, see Abraham, Karl: *Über ein kompliziertes Zeremoniell neurotischer Frauen*. Int. Ztschr. f. Psa. II, 1914, and in *Klin. Beiträge zur Psa.*, 114 ff. (Trans. in *Selected Papers*.)

² Freud: *Der Humor*. Ges. Schr. XI. (Trans. in Int. J. Ps-A. IX.)

³ Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 207. (Trans. by Hubback, p. 20 f.)

Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 176. (Trans. in *Coll. Papers* IV, 49.)

unconsciously comparing genitalia. Without this interpretation and evaluation of these ideas one can surely not understand the principle of neurotic feelings of inferiority. But a complete, purely psychological formulation of them—not the question of what the original slight was that is reflected in them, but why any slight was experienced at all and why this slight made an impression—in other words the ego-psychological question of narcissistic need, will receive an answer from the study of the depressions. Freud indicated the point of departure for this study in his demonstration that the degree of “self-regard” depends not only upon the respect obtained from the external world or from one’s self, and not only upon experiences that seem to confirm or deny the old belief in one’s omnipotence, but also upon the amount of libido that is available to the ego. This amount, however, is considerably restricted in neurotics because of their repressions, which withdraw a certain quantity of libido from the ego.¹

Neurotic depressions occur in all varieties of neuroses. Their apparently greater frequency in compulsion neuroses is in harmony with the general kinship of compulsion neuroses and depressive mechanisms, which was discussed above.

The therapeutic outlook in the psychoanalysis of neurotic depressions is different from that of psychotic depressions and manic-depressive psychoses. The mildest cases need no special technique: the solution of the basic infantile sexual conflicts in the course of the analysis of the main neurosis automatically brings about a concomitant harmony with the super-ego. Severe cases in which depression dominates the clinical picture present the same difficulties as the compulsion neuroses, since the latter are based on similar pregenital fixations. The more “endogenous”, in the psychiatric usage of the word, the illness appears, the more difficult it is to influence. The difficulties encountered in the psychoanalytic treatment of manic-depressive disorders are hardly smaller than those we meet in the treatment of schizophrenias. There are three types of diffi-

¹ Freud: *Zur Einführung des Narzissmus*. Ges. Schr. VI, 183. (Trans. in *Coll. Papers* IV, 56.)

culty that the analyst must overcome. One of them, present also in neurotic depressions, consists in the oral fixation—that is to say, in the remoteness in time of the crucial infantile experiences that the analysis must uncover, for example, the “primal depression”. The second difficulty consists in the narcissistic nature of the illness and the consequent looseness of the transference relationship, which from the beginning of the analysis onward is persistently ambivalent to a degree unknown in the other types of neuroses, and which is always threatened because of the constant tendency to narcissistic regression, and to sudden unaccountable alteration. In this last mentioned characteristic, however, manic-depressive patients offer an advantage absent in schizophrenias: the frequency of free intervals, in which they are capable of object relationships. Yet even in the free intervals, the object relationships are not normal ones but exceedingly ambivalent and difficult to utilize for analytic purposes. The third difficulty is the greatest of all three, particularly with regard to the technique. In a severe depressed or manic condition the patient is almost as inaccessible as a patient in a catatonic stupor. If the patient is in a state of delusional agitated anxious depression, or monotonously complaining melancholic depression, any analytic effort is futile. (However, Abraham called attention to the fact, repeatedly substantiated by experience, that even this type of patient is extremely grateful to an attentive listener, and like a catatonic often repays kindly patience with a sudden contact.¹)

However, the spontaneous appearance of a free interval after a manic or depressed phase is an advantage, as compared with the schizophrenic states. The free interval naturally offers itself as the period of choice for analytic efforts. Theoretically, to be sure, the possible danger must be considered that an analysis begun in the free interval may precipitate a new attack. However, on the basis of rich clinical experience, Abraham denies the importance of this danger, and indeed

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*. (Trans. in *Selected Papers*.)

reports that analysis carried out during the free period tended to prolong the interval. He also succeeded in effecting true cures, although this necessitated an incredibly long analysis, prolonged all the more because of intervening attacks of the illness.¹ The fact that there are free intervals, in spite of a very similar degree of difficulty, makes the manic-depressive group a more promising subject for psychoanalytic endeavor than the schizophrenias. Taking into consideration the apparent futility of other types of therapy, the hope that increasing progress in practical experience will teach us what modifications in technique are needed in the treatment of the narcissistic neuroses (to which we referred in the chapter on the schizophrenias), one should not overlook the fact that even if the analysis fails the patient is helped to unburden himself by talking. On the basis of these above considerations we may make the manic-depressive patient aware of the doubtfulness of the prognosis and yet feel justified in advising that he be analyzed. But, one thing must be borne in mind: the analyst too may be deceived by the patient's dissimulation and (due to the undependability of the transference) by the abruptness with which things happen in depressions. In severe depressions there is a grave danger of suicide. Even though the analyst's contact with the patient is a different one than the psychiatrist's, he must not disregard the caution that psychiatry teaches. Hence, the idea advanced in the discussion of the schizophrenias applies here too: the more extensive, planned study of manic-depressive disorders so much needed for the good of the patients and for the good of science, must be undertaken in institutions.

In conclusion, we must say a few words concerning the attempt of Kretschmer² to generalize the contrast between schizophrenia and manic-depressive psychoses into a contrast

¹ Abraham, Karl: *Versuch einer Entwicklungsgeschichte*, 66-71. (Trans. in *Selected Papers*, 476-480.) See also the case reports of Brill, Dooley, Federn, and Feigenbaum.

² Kretschmer, Ernst: *Körperbau und Charakter*. Berlin: Springer, 1921. (Trans. *Physique and Character*. New York: Harcourt, Brace and Co.)

between two fundamental types of human beings, the schizoid and the cycloid. After all that has been learned from psychoanalytic experience, this classification does not appear to be of value. With all due consideration to the difference between "schizoid" and "cycloid" behavior, we still regard as of greater importance that which both types have in common: the tendency to object loss and narcissistic regression. Schizophrenic and cyclothymic disorders seem to us to be related, at any rate in the crucial features that distinguish them from the neuroses and from normality. A more valuable classification (for characterology too), in our opinion, would be one that recognized contrasting object-libidinal types and narcissistic types, wherein, then, schizoid and cycloid would be subdivisions of the latter class.

CLINICAL COMMUNICATIONS

REACTIVATION OF THE OEDIPUS SITUATION

BY SAMUEL ZACHARY ORGEL (NEW YORK)

The following sketch from an analysis of a case presents the rôle of actual everyday happenings outside of the analytic situation in reactivating and bringing into the analysis with unusual rapidity early oedipal material.

The patient, twenty-five years of age, was the second of three children and the only girl. The oldest brother, who died three years ago, was four years her senior, and the youngest three and a half years her junior. Everyone in the family except the patient feared the father, who in spite of his pronounced inefficiency was intelligent. The mother, on the other hand, was despised by the patient, who justified her antagonism on the ground that her mother was stupid and ignorant, slavishly devoted to the home, and lacking in independence and in outside interests. The patient had never had any love affairs, and sought none because of her close attachment to the family, especially to her father—a fact which, however, she did not realize. Although a sickly child whose life had been despaired of due to her refusal to nurse and eat, she became self-reliant at the age of three and a half, immediately following the birth of her brother, and refused all help from mother. She allowed only her father to care for her when during her fourth and fifth years she was ill with measles and chickenpox and had her tonsils removed. At the age of five, she took over the care of her brother who was then only one and a half years old, vowing that she would give him all the love, care and attention she had desired but had never received.

From her fifth to her fourteenth year she was openly aggressive towards her mother and her older brother, but exceptionally tender towards her father, for whom she was glad to do everything about the house. During the period of the

patient's pubescence, her mother became ill and had to be rushed to the hospital. This necessitated the patient's taking over her mother's work, and she succeeded so well that even after her mother's return the father would insist upon being waited on by the patient. When she was fourteen her father became ill and she had to discontinue school in order to take care of him, as well as to contribute to the support of the family. The incestuous cravings from her oedipus period were reawakened and, with, that the residue of her earlier penis envy towards her brothers came to manifestation. She became domineering and had to be consulted on all business ventures. She would contrive to get her brothers or father to serve her; for instance, to wash the dishes and clean the house. The close attachment of the youngest brother to the mother tended only to increase the patient's hatred for her, and provided an opportunity of reliving her early incestuous desires, this time with the brother as the incestuous love object. The situation was of sufficient intensity to bring the brother's castration fear to the surface, and eventually necessitated his seeking treatment.

The patient's symptoms appeared at seventeen as a severe coughing spell following an effort to dislodge some food, then diarrhoea, vomiting and severe abdominal cramps. The unconscious content of her illness was an identification with the father and a desire for a child by him; vomiting and diarrhoea were taken over from the father, who had the same symptoms then and had also had them earlier when she had nursed him in her fourteenth year. The abdominal cramps and vomiting were products of a pregnancy fantasy relating to her father. Factors in the precipitation of her illness were the family's insistence that she go out with a young man and the latter's manipulation of her genitalia. She became ill and could not work for six months. When she secured a new position she managed to reestablish her home situation, becoming closely attached to her employer and contriving to have an office with him separated from the rest of the staff.

At twenty, she first observed her oldest brother in an epileptic seizure and had a return of her symptoms in mild form. Two

years later, after her brother's death, she became totally incapacitated and had to undergo analysis.

By February 15th of this year the patient had had three hundred thirty analytic hours. From February 15th to March 3rd she reproduced and acted out material from the ages of three and a half to ten, a period to which she had previously referred only slightly. Whereas for the past months she had been practically free from symptoms, she now became restless. In the analytic hour she complained of grunting noises drifting in from the hospital situated in the upper part of the building. These recalled her mother's grunting while in labor with her youngest brother. The patient had been three and a half years old at the time and was supposed to be asleep in the next room. Following the recollection of the incident, the patient hurled her shoe violently across the room, an action which she acknowledged to be an attempt to annihilate her brother, whom she had frequently kicked while he was playing on the floor. The next day she was nauseated. The hour was spent discussing a book on Lincoln and a reviewer's statement to the effect that Lincoln had a severe mother fixation due to an abrupt weaning. She too had been weaned at a very early age, but unlike Lincoln she has hated her mother ever since! The next day the patient asked for a reduction in the analyst's fee on the grounds that the cigarette price war raging at the time had ruined her father's business.

Her associations revealed that the reduction in fee was not an economic necessity and led to the reactivating of old and new material from the *oedipus* situation. Her father and employer had rejected her; her father by refusing her the money for the analysis, and her employer by reducing her salary and directly after that taking his lady love away for a vacation. If the analyst reduced his fee, she would know that he at least loved her, and at the same time this might help her to regain part of her father's lost love. She remarked that she had not complained when her salary had been cut and could not see why the analyst would not allow her the slight reduction which she requested. The analyst's interpretation was met with

a violent reaction and emphasis that she wanted him to make this concession. At this moment the patient complained of severe abdominal cramps, kicked off both her shoes and sat up. She readily accepted the interpretation of a pregnancy fantasy and burst into laughter, declaring she had actually visualized having a child while in pain. She then recalled a picture on a magazine cover in the waiting room, portraying a little girl playing father's wife with her doll as the child, and remembered that she began sleeping with her father with the birth of her brother. Because the bedspring had broken and an ironing board was used to support the mattress, the center of the bed sagged, and their bodies were in contact. This sleeping arrangement continued from the age of three and a half till she was ten when she started to sleep with her mother. The day after her brother's birth the physician had held him head downward, and she remembered wishing he would drop the child. At that moment the boy began to urinate. After her fifth year she always regarded this brother as her child, and gave him her love and attention, having decided, the patient explained, to see to it that he was not going to suffer the intense anguish she had, to the point of wishing herself dead, because she was unloved. After a short silence the patient suggested that since the analyst would not reduce the fee she would come one hour less during the week. She reacted with violent kicking and denial when her request was interpreted as an attempt to castrate the analyst by taking something from him.

The following day she related a dream:

Father and someone else are in a rowboat. I am in another boat. Father asks me to spill some tobacco into his boat. I refuse for fear the boat will upset and am very angry.

Associations: "We spoke of cigarettes yesterday. That is the main part of my father's candy store business. Father cannot afford to sell cigarettes for the same price as the chain stores. He pays that much for them." *Father in a rowboat with someone else*: "I never saw father in one. I don't

know who the other person is. A rowboat is mighty unstable especially a roundbottom one, as those in the dream were." *I am in another rowboat*: "I love rowing, water, the country and fields." Father asks me to spill some tobacco in his boat: "Father worked at cigars. He would bring home the tobacco on Sunday and we would all help him. Father took sick from the tobacco dust and had to give up his trade. I nursed him at that time as though he were my husband or my child. That was when I was fourteen and had to leave high school and go to work. They promised to allow me to take piano lessons but never did because they could not afford it." *Refused because of fear of upsetting*: "I was angry and didn't feel like taking a chance of falling into the water." The patient declared she knew what the dream means: "I am saying that I once was a fool to let father upset my plans and leave school at fourteen when he took sick from the tobacco. Now he wants me to give up the analysis because of the tobacco monopoly . . . well, I won't."

For several days the patient refused to talk and was disinclined to lie on the couch. She was restless, continually kicking her feet and rubbing her thighs together and exposing most of them. The interpretation of this symptomatic masturbatory action only tended to increase her restlessness. She kicked off both her shoes, took the pillow from the analytic couch and threw it across the room, yelling: "Shut up!" She subsided after five minutes, recovered her shoes and pillow and lay down again on the couch, apologizing for her behavior. She recalled that she woke up one night to find that father was not in bed (she believes she was seven at the time), and heard noises and labored breathing coming from her mother's bedroom. When her father returned, he found her crying and refusing to answer any questions. She is certain that she must have masturbated at that time, for she realized that they were having intercourse. Later, while sleeping with mother, she was in the habit of continually waking up at night and walking into her father's bedroom before returning to sleep. She now realized that she must have done this to keep watch on her

parents. From the reactivated material here presented we are able to reconstruct a normal oedipus attitude in which penis envy, hate for mother, and the wish to have a child were intensified by the birth of a younger brother. For a time the patient actually did find in the little boy some gratification of this wish. Her intense love relationship to her father and negative attitude to her mother was, however, unduly prolonged by her sleeping with her father and enjoying the close incestuous contact of his body at night, while during the day she could fantasy taking care of their child. Her midnight awakening and discovery that father was having intercourse with mother made her realize that mother, and not she, had received the child. This realization had a strong influence on the patient's personality and character development. She justly expected from her strong father attachment the realization of her unconscious wish to take her mother's place. Faced with the frustration of her desires, she developed a vindictive attitude towards men.

PROJECTION, HETEROSEXUAL AND HOMOSEXUAL

BY M. RALPH KAUFMAN (CAMBRIDGE, MASS.)

A young man in the twenties, clinically schizophrenic, was overtly hostile to his mother. During his analysis he stated his case in this fashion:

Her whole life long, his mother had had only one objective—namely, to control all of the patient's activities, which was due to her desire to frustrate his sexual life. Thus, if he became interested in a girl of his own age, she would maneuver it so that this girl would come to love his younger cousin, a boy who was more like a younger brother than a cousin. The patient noted that in his mother's presence he would be stirred sexually and perceive genital sensations. This was, he said, due to the fact that his mother was sexually attracted by him and had been so attracted since his earliest childhood. Her machinations subserved one sole aim: to bind him to her sexually. Once, he stated by way of illustration, his mother had tried to excite him by playing with a baby cousin's penis, while he was looking on. And she would, on all possible occasions, to arouse tabooed desire, throw him at the head of a spinster friend. In short, all sexual advances were made by the mother, though they took many covert forms. When the patient was admitted to the hospital, his estate became subject to the usual guardianship, and the mother arranged that it should be administered by the above mentioned younger cousin. This the patient interpreted as an attempt to insure his complete financial dependence on her. Money, he always knew, meant power or potency; so, in other words, she had given his penis to his cousin, whom she could control, and his potency thus was dependent on her whims.

The patient quite freely admitted his sexual desire for his mother. But, he stated, such desire was not spontaneous. By various means, his mother influenced him and made him have

genital sensations against his will. Thus quite clearly he repudiates his oedipal wishes: "I do not desire my mother; she desires me and influences me sexually." To paraphrase Freud's formulation, "I do not love her; she loves me." The patient projects his sexual feelings, attributing them to his mother, reacts then to the (fictive) "external perception" of her sexual excitement by becoming excited himself, in which we have an instance of the "return of the repressed from repression".

This heterosexual projection may profitably be compared with a homosexual projection of the same patient. While he was in the hospital an older male patient gave him considerable annoyance. The two were persistently quarreling, although they maintained definite friendly relations. Our patient would usually win at cards, and would insist on immediate payment, which would lead to dissension and mutual abuse. After he had struck up this friendship, the patient became interested in anatomy, particularly of the genitalia and rectum, and developed numerous somatic complaints. He could not move his bowels, demanded cathartics, complained of having a "pot belly", and asked the older man to massage his abdomen. He wished to be examined by the nurses and physicians and requested enemas and massage. His associations in regard to his anatomical interests dealt chiefly with the rectum and included various fantasies based on infantile conceptions of childbirth. It became evident that his "pot belly" was an unconscious fantasy of being pregnant, and that his relations with the older patient were sexual.

As the patient grew aware of the sexual element, he one day suddenly exclaimed, "I know what Mr. X's trouble is. He is homosexual!" To prove this contention, he gave many details of this man's behavior with the nurses and the other patients, at the same time denying any homosexual impulses on his own part. Later, however, he admitted that Mr. X, the older man, had made sexual advances, and that he had responded to them with seminal emissions and "wet dreams".

In this situation, then, the patient is projecting his own

homosexual feelings on to another person. "I do not love him; he loves me and is forcing his attentions on me." When he had openly accused the man of being homosexual, their squabbling ceased and a firm friendship developed. With the recognition of this relationship, the somatic complaints receded. The patient began to smoke cigars and one day during an analytic session remarked, "I suppose you will say this cigar is a penis".

Two features of paranoid projection are seen with exceptional clearness in both of these analytic fragments. One is the "constant search for motivation", the persistent scanning of the external world for the motives underlying the activity of other persons. As in the case of our patient, the unconscious wishes of these persons is perceived and utilized to assist the projection. The mother undoubtedly loved her son incestuously in her unconscious, and the older patient's homosexuality was evident. The second feature presented with exceptional clearness is the manner in which the original wish, after projection, is subjectively felt by the patient. Thus, the patient represses his incestuous feelings for his mother by ascribing them to her; then when through a "return of the repressed from repression" he nevertheless experiences them subjectively, he believes them to be responses to her feelings and actions. A similar mechanism was at work in the relationship with the older man.

IBSEN THE DRUGGIST

BY VICTOR TAUSK

One afternoon I met in the studio of a friend—a studio filled with works of art—the poet and writer, B. On the previous evening we had arranged to meet in order to continue a conversation on dramatic art which we had begun in a café. I had succeeded in directing the discussion into psychoanalytic channels while B. was walking up and down the room. Suddenly he came to a stop before a lifesize bust of Ibsen. His face took on an expression of intense concentration, his brow contracted into wrinkles. I did not know what to make of B.'s reaction and waited for a word from him which would release my tension and his. After a moment of anxious reflection B. asked, pointing to the bust:

“Who is that man? He seems so familiar to me.”

I could not help laughing heartily.

“This gentleman is the druggist”, I said.

Immediately his face expressed relief, but his eyes had an unhappy look as he replied, echoing my answer, “Ibsen”.

B., then, had stopped before Ibsen's portrait-bust and had asked who “the gentleman” was. Anyone familiar with B. will find this incident incredible. B. is exceptionally well versed in the history and biography of the arts, and had made a special study of Ibsen. The resemblance of the statue to Ibsen was beyond any doubt. Moreover, B. had often looked at the bust on the same pedestal in the very same room and had often commented on it.

We have before us a severe disturbance of memory. It reminds one of the recently married young woman who a few weeks after the wedding saw a “gentleman” across the street

Posthumous article first published in German in *Almanach der Psychoanalyse*. Vienna: Int. Psa. Verlag, 1934.

who seemed "very familiar" to her—the gentleman being no other than her husband.¹

My little experiment demonstrated that I had correctly gauged the process which obstructed B.'s recognition of Ibsen. My knowledge of the history of this disturbance enabled me to release the inhibition by a shortcircuit analysis, so to speak. By calling the obstructed content by its name I made possible the immediate entry of the latter into consciousness and laid the ghost.

The history is as follows:

As already stated, I had spent the previous evening with B. in discussing dramatic art and in determining what gifts a dramatist must possess. I had held, rightly or wrongly, that a good playwright must have a good head for the natural sciences. B. opposed my view and cited Ibsen as a great dramatist who had not concerned himself at all with natural science.

"Ibsen", I replied, "is a poor example. Ibsen had even been professionally interested in the natural sciences—he was a druggist."

While saying this I remembered that B. must certainly have known this and, as a matter of fact, B. himself replied an instant later that he had "actually" known that Ibsen was a pharmacist and that he was surprised he had not thought of it and had used such an inappropriate example.

It suddenly dawned upon me that I "actually" knew that there existed a close connection between B. and the idea "druggist" which may have been responsible for his forgetting that Ibsen was a druggist. But our discussion left this subject aside, and it was not touched upon again. I did not elaborate my suspicions, but contented myself with the statement that this time it was not he but I who had forgotten what he "actually" knew very well. Next day, however, when B. failed to recognize Ibsen, the sought-for insight into the connection came to me instantaneously.

¹ Freud: *Zur Psychopathologie des Alltagslebens*, p. 245. (Trans. by A. A. Brill, *Psychopathology of Everyday Life*, p. 236.)

Yesterday B. had forgotten that Ibsen had been a pharmacist. Today he failed to recognize Ibsen's portrait—apparently because Ibsen had been a pharmacist, a fact that he could not have forgotten today since I had called it to his attention yesterday, and because the painful surprise with which he had noted his error yesterday evening must certainly have put him on his guard against another lapse of memory so soon after the first one. It should be remembered, besides, that my very presence must have forced the association between Ibsen and pharmacy into his consciousness and made forgetting impossible. B., therefore, is inevitably forced to make the association "Ibsen"—"druggist" when he sees Ibsen's bust. To escape from the idea "druggist" he had no choice but to eliminate from memory the other idea "Ibsen" which is closely adherent to it. Indeed, he has every reason for this abolition of memory. The history, which I should have really recalled yesterday (since it was "actually" known to me) and which I had so strangely forgotten that I must account for my own lapse of memory, is as follows:

B. had had a love affair with the wife of a pharmacist. The husband had discovered the affair and had threatened B. with assault unless he terminated the liaison. It was an unsavory business. The deceived husband merely threatened because he was too cowardly to act. B., however, used the threat, which he could not but regard as harmless, as an excuse for terminating the affair, of which he had already tired. In leaving the field to the cowardly husband he was therefore no less cowardly than the latter, and knowing this, he feels ashamed. Since he is unable to find a decent solution for this humiliating conflict, he is intent upon forgetting it altogether. First it is the idea "druggist", the obliteration of which indicates the beginning of the process of repression. It is very clear that this idea is most decidedly in league with the repressive process. As long as there exists no memory of a druggist, there cannot be any memory of a love affair with the wife of a druggist. Therefore B. forgets that Ibsen was a druggist. After I had

called attention to his lapse, there was established a definite association between "Ibsen" and "druggist". So the next step was to forget that an Ibsen had ever existed. For the idea "Ibsen" might evoke the idea "druggist", and the latter the memory of the unpleasant love affair.

When, upon divining this connection, I threw the thought "druggist" at him, I brought his attempt at repression to naught.

It is certainly to be expected that repressions involving such socially significant ideas as "druggist" and "Ibsen"—the latter having in this instance a further importance owing to the vocation of the subject—should not, in an otherwise normal individual, be too rigorously effected. Indeed, it would mean the deprivation of one's whole intellectual existence, should one thus easily efface ideas which are so much a part of one's daily life and activity. We must, therefore, assume that the conflict of B. was insufficiently prevented from entering consciousness since in his surroundings he could not possibly avoid an awareness of the ideas "Ibsen" and "druggist". In such a case many paths are open to the return of the repressed. The intensity with which the unresolved conflict was forcing itself into consciousness can be seen, moreover, in the fact that during the previous evening's conversation it was precisely the name of Ibsen that occurred to him when he wished to cite an unscientifically minded dramatist. The druggist appeared disguised as Ibsen and demanded a moral reckoning. In order to annihilate this mask throughout the future, B. banishes Ibsen into repression. But the next day Ibsen appears as a "strange man" and presents the same bill for settlement.

Why did B. have to halt precisely before Ibsen's bust, since there was nothing unusual about it to attract his attention? Now, actually there was something unusual about the bust. It had *become strange* to him, and therefore could not but attract his attention in this studio, in which every object had long been familiar to him. The repressed Ibsen returned in this form—as a messenger from the repressed pharmacist. An

aspect of the paranoid mechanism is clearly revealed here. Persons from whom the paranoiac has withdrawn his libido reappear to him as *strangers*.¹

Translated by DORIAN FEIGENBAUM

¹ B.'s relation to Ibsen, that of a creative individual to the master who represents his ideals, is patterned after the father complex and is cathected with great quantities of libido. A severe symptom like that presented by B. can only be produced by an intense cathexis. The intense countercathexis in the form of hatred against the druggist, associatively displaced on to Ibsen, must naturally also be taken into account. In the life of rivals struggling with their masters, the hatred which constitutes the countercathexis is derived from the son-father relation. Hence the conflict between master and disciple striving for independence resembles very closely the severest type of conflict between father and son.

BOOK REVIEWS

SYLLABUS OF PSYCHIATRY: A GUIDE TO GENERAL ORIENTATION. By Leland H. Hinsie. New York: State Hospitals Press, 1933. 348 p.

This book is an attempt to review the more important trends in modern psychiatry with more particular reference to the constitutional background of psychopathic states. The writer gives evidence of a wide knowledge of psychiatric literature. His review is, however, completely uncritical and attempts no evaluation of the various theories and views cited, some of which are very divergent.

The treatment of psychoanalysis is unfortunate. The author is primarily interested in "conclusions", rather than in the evidence upon which they are based and appears, therefore, to have been fascinated in particular by the life and death instincts and the structure of the personality. His treatment of these topics is exceedingly popular, with even some sacrifice of accuracy to popularity of presentation, but there is no citation of clinical material to make clear what psychoanalytic formulations mean in terms of actual life. Anyone not already familiar with psychoanalytic literature must receive the impression of an unwieldy structure of theoretical concepts with little or no relation to the facts of real life. Such an impression is most unfortunate and misleading inasmuch as the basic contribution of psychoanalysis has been its ability to understand psychopathic phenomena in terms of real human motives.

THOMAS M. FRENCH (CHICAGO)

SEX IN CHILDHOOD. By Ernest R. Groves and Gladys Hoagland Groves. New York: The Macaulay Company, 1933. 247 p.

This is an informative, sensibly written book for parents and teachers, and testifies to the authors' practical experience in dealing with parents and their problems. The setting the authors have given their effort to instruct parents in the sexual education of children is perhaps the most valuable feature of the book; it might well have been entitled *The Mental Hygiene of Childhood and Youth*. The interpretations are largely based upon current psychoanalytic concepts of the sexual development of the child but are

presented in nontechnical language, and although the authors sometimes err on the side of oversimplification, they generally select concepts which can be understood and utilized by parents. In spite of their specificity in presentation, evident in such sub-headings as *When Children Should be Told About Menstruation*, *Who Should Tell*, *How to Inform the Girl*, *Why Inform the Boy*—the book is not vitiated by dogmatism. Advice tendered is based upon awareness of the child's needs and of its parents' difficulties in understanding and meeting these needs. Consistent and appropriate emphasis is placed upon parents' rôles and attitudes, and upon the sources of their difficulties in dealing with the questions pertaining to the sexual development of their children. Moreover, feeling that parents as well as children should have some authentic knowledge of the "mysteries", the authors have appended two chapters on psychic and physical sex abnormalities. The general tenor of these chapters, although their material is uneven (for example, parents are advised to watch for the first urination, to rule out the possibility of an imperforate urethra!), is such as to include sane and objective attitudes towards the problems discussed.

The style is often cumbersome. Occasionally the difficulty lies in attempting to crowd too much into a single paragraph. A statement like, "In contrast to the father-daughter or mother-son fixation is the less common type of mother-daughter or father-son fixation, due to the inaccessibility of the parent-image, which makes the child despair of ever reaching like heights" will be confusing to parents not already versed in psychoanalytic psychology. Nevertheless, the book may be recommended to all reasonably healthy parents.

GEORGE J. MOHR (PITTSBURGH)

EDGAR POE. Par Marie Bonaparte. *Avant-propos de Freud*. Paris: Éditions Denoël et Steele, 1933. 2 vol. xi+922 p.

The biography of a creative artist differs as an object of psychoanalytic study from a living subject. True, it may be possible to demonstrate that the artist (like other human beings) had an œdipus complex, or possibly a neurosis, and even to gain hints of the origin and structure of such a neurosis. But such an achievement would at most show that dead men can be "analyzed". Except in the most general way, however, the most minute analysis of a poet's creation combined with a thorough knowledge of his

biography cannot yield us an insight into the dynamics and niceties of his neurosis. Yet failure in this respect may be compensated; for the subject of psychoanalytic biography is not merely a neurosis, but a neurosis presented to us uniquely and with a social significance quite different from the ordinary.

"*De telles recherches*", Freud tells us in the foreword, "*ne prétendent pas expliquer le génie des créateurs, mais elles montrent quels facteurs lui ont donné l'éveil et quelle sorte de matière lui a été imposée par le destin.*" Poe is undoubtedly a very fortunate subject for such a study. An exceedingly narcissistic person, his creations never depart very far from his inner problems. Closely tied to a few traumatic experiences of his childhood, he lived under their domination all his life, and could resolve them only in the most primitive and destructive manner.

Within the confines of her objective, Marie Bonaparte succeeds in imparting to Poe much greater significance than would be obtained from a perusal of his work alone. The most effective part of the book is that which deals with the sources of Poe's material. His works are treated as so many dreams; they are analyzed as such, and referred to the main constellations of his infantile experience. We learn that Poe was a necrophile, fixated upon his dead mother; that he sought in all his loves and fantasies to re-create and relive the trauma of losing her; that at the death of his child-wife he was thrown into a homosexual panic, in which he ran from woman to woman, engaging himself to marry and breaking off the engagement; that in the end his anxiety was so intense that he drank himself into a state of coma and died. The rôle of his tyrannical foster-father is somewhat inadequately woven into the whole. The effect of Poe's unconscious hatred of the father imago that is so evidently incorporated into his exacting superego and proved his nemesis is not very clear, nor do we obtain an insight into the rôle which alcohol played in the poet's life except very formally. In the assembling of the total personality, as compared with the treatment of the details, the author's work is less satisfactory.

A rather anticlimactic effect is produced by the last two chapters of this work, which treat of the significance and function of literature and of the special significance of Poe. Modern critics seem to agree that Poe was overestimated. Apart from a remarkably fine ear for verbal music that is evident in his poems, his more enduring reputation rests on the fact that he sponsored the literary

vogue of a now hackneyed brand of horror stories. His fame and popularity therefore conceals a significant chapter in the psychic life of the American people of the nineteenth century. In this work, we learn only of the opportunity for the catharsis of repressed sadism furnished by Poe's work and of his profound influence on Beaudelaire.

A. KARDINER (NEW YORK)

LIFE IN LESU: THE STUDY OF A MELANESIAN SOCIETY IN NEW IRELAND.

By Hortense Powdermaker. New York: W. W. Norton and Company, 1933. 352 p.

The author is to be congratulated on the excellent book she has written. Personally I am interested in it for several reasons. I met the author on her journey, outward bound, and am glad to see the results of her field work. As a psychoanalyst, I must say that the book is one of the few anthropological works that really help us to achieve a deeper insight into the mental life of primitive mankind. As an anthropologist, especially as a field worker in another Melanesian area, I appreciate the fine touches, the minute details which make me feel as much at home in Lesu as I was in Sipupu.

"When a woman is pregnant the women of the opposite moiety pull her house to pieces and dance around it in triumph" (p. 60). The demolishing of the house reminds me of an analogous custom in Duau. The victor in a *hararaku* (boat competition) is subjected to a similar raid. Perhaps the woman of the Hawk moiety who has been made pregnant by an Eagle man is regarded as having achieved a victory over the Eagle women and the attack upon the house or the person of the Hawk women is an abreaction of their jealousy. The obligation of the young girls to give a feast to their future mates (that is, Eagle girls feast Hawk men and vice versa) appears to be a punishment for intercourse. The Hawk men say playfully to the Eagle women: "Why have you not prepared food for us when you have already shown us your vulva?" (p. 78).

The chapters on Infancy and on Sexual Life provide much interesting information. The mother's milk may harm the child if she eats taboo food (p. 68). "There is no differentiation on lines of sex in the display of affectionate tenderness towards the child" (p. 69). The custom of rocking the baby even when nursing it (p. 70) agrees with what I have seen in Duau. During the nurs-

ing period of two or three years both the parents are supposed not to have any sexual relations with each other or any one else because this would make the child ill (p. 79). In this custom we must see a socialized form of the infant-parent fixation. Children are spanked freely and taught to defæcate and urinate at the proper place as soon as they can walk (p. 82). On the other hand, sexual play, which consists in the boy and girl standing very close together with the sexual organs touching but not penetrating, is approved and performed in public (p. 85). Coitus is in the Trobriand or Australian position. No variations of this position seem to be known to the author, but at this point, as she mentions, her information is not quite reliable. In the myth on the origin of copulation the husband regards his wife's genitalia as a big sore (p. 241). Extramarital intercourse is not only tolerated but required, and a man or woman without lovers would be regarded as abnormal (p. 244). There is no shame attached to masturbation (p. 277). Dreams of incestuous intercourse are fairly common (p. 268). Much more might be written about the book, especially from the point of view of Melanesian cultural affinities, but this is sufficient to show that the book deserves the attention of the general reader and should prove useful to students of psychoanalytical anthropology.

GÉZA RÓHEIM (BUDAPEST)

CURRENT PSYCHOANALYTIC LITERATURE

Internationale Zeitschrift für Psychoanalyse. Vol. XIX, Number 4, 1933.

- SMITH ELY JELLIFFE: Die Parkinsonsche Körperhaltung. Einige Betrachtungen über unbewusste Feindseligkeit (*The Parkinsonian Body Posture—Some Considerations on Unconscious Hostility*).
- FELIX BOEHM: Beiträge zur Psychologie der Homosexualität (*Contributions to the Psychology of Homosexuality*).
- THERESE BENEDEK: Über die psychischen Prozesse bei Basedow-Psychosen (*The Psychic Processes in Basedow-Psychoses*).
- A. KIELHOLZ: Weh' dem, der lügt (*Woe Unto Him Who Lies*).
- EDMUND BERGLER & LUDWIG EIDELBERG: Der Mammakomplex des Mannes (*The Breast Complex among Men*).
- M. WULFF: Über den hysterischen Anfall (*The Hysterical Attack*).

Imago. Vol. XIX, Number 4, 1933.

- PAUL FEDERN: Die Ichbesetzung bei den Fehlleistungen (*Ego Cathexis in Parapraxia*).
- R. A. SPITZ: Ein Beitrag zum Problem der Wandlung der Neurosenform. Die infantile Frau und ihre Gegenspieler (*The Problem of the Change of Neurotic Forms. The Infantile Woman and her Foil*).
- MARIE BONAPARTE: Der Mensch und sein Zahnarzt (*Man and his Dentist*).
- M. D. EDER: Die jüdischen Gebetsriemen und andere rituelle Gebräuche der Juden (*The Jewish Phylacteries and Other Jewish Ritual Observances*).
- STEFF BORNSTEIN: Das Märchen vom Dornröschen in psychoanalytischer Darstellung (*The Fairy Tale of the Sleeping Beauty Psychoanalytically Interpreted*).
- HELENE DEUTSCH: Über die Weiblichkeit (*On Femininity*).
- ISTVÁN HOLLÓS: Psychopathologie alltäglicher telepathischer Erscheinungen (*Psychopathology of Everyday Telepathic Occurrences*).

Zeitschrift für psychoanalytische Pädagogik. Vol. VII, Numbers 8 and 9, August-September, 1933.

- ERNST SCHNEIDER: Neurotische Depression und Stehlen (*Neurotic Depression and Stealing*).
- MARGARET E. FRIES: Beispiele der Spieltechnik in der Analyse des Kleinkindes (*Examples of Play Technique in the Analysis of Young Children*).
- KLARA HOFSTETTER: Gebetzwang einer Vierzehnjährigen (*Compulsive Praying in a Fourteen-Year-Old Girl*).
- STEFF BORNSTEIN: Ein Beitrag zur Psychoanalyse des Pädagogen (*The Psychoanalysis of the Teacher*).
- MARY CHADWICK: Kindheitserlebnisse von Pflegerinnen kleiner Kinder (*Childhood Experiences of Children's Nurses*).
- RICHARD STERBA: Über den Ödipuskomplex beim Mädchen (*The Oedipus Complex in the Girl*).

Psychoanalytische Bewegung. Vol. V, Number 5, September-October, 1933.

- ERNEST JONES & CYRIL BURT: Verstand und Gefühl (*Reason and Emotion*).
 EDUARD HITSCHMANN: Johann Peter Eckermann.
 HEINZ HARTMANN: Psychoanalyse und Weltanschauung (*Psychoanalysis and "Weltanschauung"*).
 R. A. SPITZ: Tagtraum und Schuldgefühl (*Daydream and Sense of Guilt*).
 SÁNDOR LORAND: Charakterbildung und Psychoanalyse (*Character Formation and Psychoanalysis*).

Vol. V, Number 6, November-December, 1933.

- ALICE SPERBER: Seelische Ursachen des Alterns, der Jugendlichkeit und der Schönheit (*Psychic Causes of Aging, Youthfulness and Beauty*).
 EDWARD GLOVER: Unbewusste Wünsche im Alltagsleben (*Unconscious Wishes in Everyday Life*).
 EDMUND BERGLER: Die Biographik macht der Psychoanalyse Konzessionen (*Biography Makes Concessions to Psychoanalysis*).
 EDUARD HITSCHMANN: Die Bindung Eckermanns an Goethe (*The Tie Between Eckermann and Goethe*).

Revue Française de Psychanalyse. Vol. VII, Numbers 3 and 4, 1933.

- S. FREUD: On bat un enfant (*A Child Is Being Beaten*).
 CH. ODIER: Une névrose sans complexe d'œdipe? (*Neurosis without an Œdipus Complex?*).
 RENÉ LAFORGUE: Les résistances de la fin du traitement analytique (*The Resistances at the End of Psychoanalytic Treatment*).
 R. DE SAUSSURE: Psychologie génétique et Psychoanalyse (*Genetic Psychology and Psychoanalysis*).
 J. PIAGET: La Psychoanalyse et le développement intellectuel (*Psychoanalysis and Intellectual Development*).
 EDMOND BERGLER: Motifs inconscients de l'attitude de Napoleon a l'égard de Talleyrand (*Unconscious Motives in Napoleon's Attitude Towards Talleyrand*).
 PIERRE KLOSSOWSKI: Eléments d'une étude psychanalytique sur le marquis de Sade (*Parts of a Psychoanalytic Study on the Marquis de Sade*).
 W. BISCHLER: Le rôle des Zones érogènes dans la Genèse du talent artistique (*The Rôle of the Erogenic Zones in the Genesis of Artistic Talent*).

The Psychoanalytic Review. Vol. XXI, Number 1, January, 1934.

- CONSTANCE RATHBUN: On Certain Similarities between Spinoza and Psychoanalysis.
 L. PIERCE CLARK: A Psychological Study of Sycophancy.
 ISADOR H. CORIAT: Totemism in Prehistoric Man.
 LUCILE DOOLEY: A Note on Humor.
 LOUIS J. BRAGMAN: The Case of Algernon Charles Swinburne (A Study in Sadism).
 LAURETTA BENDER: The Anal Component in Persecutory Delusions.

The British Journal of Medical Psychology. Vol. XIII, Number 4, 1933.

- MELITTA SCHMIDEBERG: Psychoneuroses of Childhood: their Etiology and Treatment.

NOTES

THE ARTICLE *Thalassa: A Theory of Genitality* is the second instalment of the translation of Sándor Ferenczi's *Versuch einer Genitaltheorie* by Henry Alden Bunker, Jr. The final instalment, *Epicrisis* (Chapter 9, *Coitus and Sleep*, and Chapter 10, *Bioanalytic Conclusions*), will appear in the next issue.

THE NEW YORK PSYCHOANALYTIC INSTITUTE announces a course of lectures on *Disturbances of Male Potency*, by the Educational Director, Dr. Sandor Rado, during the third trimester (March-June).—The Educational Committee also announces a seminar on the Freud Case Histories, limited to members of the New York Psychoanalytic Society and students in training, with Dr. Dorian Feigenbaum as leader, beginning March 16 and continuing for eleven additional successive Fridays, except Good Friday, March 30.

THE CHICAGO INSTITUTE for Psychoanalysis reviews its work for 1932-1933 in a pamphlet containing statistical data and three articles dealing with the major activities of the Institute: the teaching of analysis, work on somatic disorders and on female psychology. In his paper on *The Relation of Psychoanalysis to Psychiatry*, Dr. Alexander stresses the rôle of psychoanalysis as a basic science in psychiatry, in the sense that physics and chemistry are basic sciences in medicine and technology. Although a better knowledge of the somatic corollaries of psychoneuroses and psychoses is to be desired, psychiatrists are mistaken in wanting to substitute somatic knowledge for psychological knowledge. In another article, Dr. Alexander reviews the principles, objectives and preliminary results of the work of the Institute on psychological factors in somatic disturbances. The last article, by Dr. Karen Horney, stresses the frequency of functional female disorders, as well as their importance in female psychology, and discusses a neurotic type of woman selected for study at the Institute.

THE ANNUAL QUARTERLY-EVENING was held on Saturday, February 3rd, at the Gramercy Park Hotel. The speakers were Dr. Henry E. Sigerist on *The Human Side of Medicine*, Dr. Sandor Rado on *The History of the Psychoanalytic Press*, and Dr. Hanns Sachs on *The Methods of Applied Psychoanalysis*. Dr. Feigenbaum gave a brief introductory address on the aims and problems of the QUARTERLY.

THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION meets at Chicago, in the auditorium of the Institute for Juvenile Research, on February 22, 23, 24.

THE EDITORS note with regret the suspension of publication of the *Psychoanalytische Bewegung* by the Internationaler Psychoanalytischer Verlag, due to unfavorable conditions in Central Europe.

AN INSTITUTE OF PSYCHOANALYSIS has been recently established in Paris (137 Boulevard St. Germain) under the direction of Princess Marie Bonaparte, its founder. The following program has been announced: *Interprétation des Rêves* (R. Allendy).—*Théorie des Instincts* (Mme. Marie Bonaparte).—*Théorie des Névroses* (Ch. Odier).—*Etude de l'Obsession* (M. Cènac).—*Clinique Psychanalytique* (R. Laforgue).—*Etude de l'Hystérie* (G. Parcheniney).—*Technique Psychanalytique* (R. Loewenstein).—*Biologie Sexuelle* (J. Leuba).—*Psychanalyse du Caractère* (Mme. Sokolnicka).—*Etude des Névroses infantiles* (Mme. Morgens-tern).—*Indications de la Psychanalyse dans les Psychoses* (A. Borel).—*Criminologie et Psychanalyse* (P. Schiff).—*Etude des Troubles de la Sexualité* (M. Nacht).—*Parallèles entre les Névroses et les Psychoses* (Mme. Reverchon-Jouve).

A PSYCHOANALYTIC ASSOCIATION has been formed by Swedish and Norwegian analysts under the chairmanship of Mrs. Alfhild Tamm of Stockholm. The other members are Drs. Harald Schjelderup, Kristian Schjelderup, Landmark and N. Hoel.—A psychoanalytic society has also been established in Denmark, with headquarters at Holbergsgade 26, Copenhagen.—A new branch of the International Psychoanalytical Association has been organized in Palestine under the leadership of Dr. Max Eitingon, formerly of Berlin. The other members are Drs. Wulff, Schalit, Kluge and Smeliansky.

IT WILL BE OF INTEREST to the American reader to know that after a suspension of publication for six months, following the resignation of Professor Kretschmer last spring, the *Zentralblatt für Psychotherapie* resumes publication under the editorship of the former psychoanalyst, Dr. C. G. Jung of Zurich. In his Foreword to the December 1933 issue, with which the new state-regulated editorial regime assumes control, Dr. Jung lays down the new policy of the magazine, which will differentiate between the "Germanic" and "Jewish" psychologies—"die tatsächlich bestehenden und einsichtigen Leuten schon längst bekannten Verschiedenheiten der germanischen und der jüdischen Psychologie sollen nicht mehr verwischt sein" ("the definite distinctions between Germanic and Jewish psychology long apparent to sensible people shall no longer be obliterated"). This introduction is followed by a communication from the leader ("Reichsführer") of the reorganized German Medical Association for Psychotherapy, Prof. Dr. jur. Dr. med. M. H. Göring, declaring that the Society "expects all its members who are actively engaged in writing or lecturing to have made a serious scientific study of Adolf Hitler's fundamental book,

My Battle, and to recognize it as a basic work. The Society will coöperate with the Chancellor's work in educating the German nation to a heroic, self-sacrificing state of mind" (*"Die Gesellschaft setzt von allen ihren schriftstellerisch und rednerisch tätigen Mitgliedern voraus, dass sie Adolf Hitlers grundlegendes Buch 'Mein Kampf' mit allem wissenschaftlichen Ernst durchgearbeitet haben und als Grundlage anerkennen. Sie will mitarbeiten an dem Werke des Volkskanzlers, das deutsche Volk zu einer heroischen, opferwilligen Gesinnung zu erziehen"*).

Dr. Henry Alden Bunker, Jr., Dr. Raymond Gosselin and Dr. Lawrence S. Kubie have joined the staff of THE PSYCHOANALYTIC QUARTERLY as Associate Editors beginning with January 1, 1934.

